

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000096395 (4)**

1. Corporation Name  
**BUENOS AIRES CELULAR INC.**



Principal Place of Business  
**2999 N.E. 191ST STREET  
SUITE 603  
AVENTURA FL 33180**

Mailing Address  
**2999 N.E. 191ST STREET  
SUITE 603  
AVENTURA FL 33180-3116**

3. Date Incorporated or Qualified  
**11/20/1996**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**65-0713622**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRATTE, CRISTIAN  
2999 N.E. 191ST STREET  
SUITE 603  
AVENTURA FL 33180**

81 Name  
**MARIANO E. SBLAIFER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2999 N.E. 191 ST # 603**

83

84 City  
**AVENTURA**

85 Zip Code  
**FL 33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mariano Sblaiser* **MARIANO SBLAIFER SECRETARY** **02/11/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD ABRATTE, CRISTIAN**  
STREET ADDRESS **2999 N.E. 191ST STREET**  
CITY-ST-ZIP **AVENTURA FL 33180**

1.1 TITLE  Change  Addition  
1.2 NAME **SECRETARY-TREASURER MARIANO E. SBLAIFER**  
1.3 STREET ADDRESS **2999 N.E. 191 ST # 603**  
1.4 CITY-ST-ZIP **MIAMI, FL 33180**

TITLE  DELETE  
NAME **VD DJUKICH, VERA**  
STREET ADDRESS **2999 N.E. 191ST STREET**  
CITY-ST-ZIP **AVENTURA FL 33180**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mariano Sblaiser* **MARIANO SBLAIFER** **02/11/97** **305-937-6442**  
DATE Daytime Phone # 0004850

CR2E034 (9/96)