

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 852379

1. Corporation Name  
ZELL ONE INC.

Principal Place of Business  
9400 S DADELAND BLVD. PH1  
MIAMI FL 33156-9817

Mailing Address  
9400 S DADELAND BLVD. PH1  
MIAMI FL 33156-9817

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not starting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	FERNANDEZ, SERGIO R.	
STREET ADDRESS	9400 S DADELAND BLD PH1	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	[ ] DELETE
NAME	CANNON, MICHAEL Y.	
STREET ADDRESS	9400 S DADELAND BLV PH1	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	[ ] DELETE
NAME	BERKOWITZ, PAUL	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	[ ] DELETE
NAME	WIENER, WILLIAM	
STREET ADDRESS	9400 S DADELAND BLVD PH1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	[ ] DELETE
NAME	WIENER, WILLIAM	
STREET ADDRESS	9400 S DADELAND BLVD PH1	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	J BOYNE %P BERKOWITZ	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/26/1982

4. FEI Number  
13-3108294

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 owes the current year Intangible  
Personal Property Tax

[ ] Yes [X] No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR OR TRUSTEE OR RECEIVER OR OTHER PERSON EMPLOYED BY THE CORPORATION

01/18/99

(305)670-0001

Date

Daytime Phone #

CR2E034 (11/98)