

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **303742** (1)
1. Corporation Name
MOBILE COMMUNICATIONS SERVICE OF MIAMI, INC.



Principal Place of Business
**8193 NW 74TH AVENUE
MIAMI FL 33166
US**

Mailing Address
**8193 NW 74TH AVENUE
MIAMI FL 33166
US**

2. Principal Place of Business
21 **9401 NW 106 STREET**
Suite, Apt. #, etc.
22 **SUITE #111**
City & State
23 **MIAMI, FLORIDA**
Zip
24 **33178**

2a. Mailing Address
26 **9401 NW 106 STREET**
Suite, Apt. #, etc.
27 **SUITE #111**
City & State
28 **MIAMI, FLORIDA**
Zip
29 **33178**

Country
25 **DADE** 30 **DADE**

3. Date Incorporated or Qualified **04/04/1966** 3a. Date of Last Report **02/06/1995**

4. FEI Number **59-1117760** 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEDROTTY, JOHN F
1734 W 84 STREET
HIALEAH, FL
33014**

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

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

Signature typed or printed name of registered agent (if not applicable)

Signature typed or printed name of new registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDROTTY, JOHN F.	
STREET ADDRESS	1734 W 84 STREET	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARTMAN, PATRICIA	
STREET ADDRESS	6041 MARINA COURT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDROTTY, JOHN F	
STREET ADDRESS	1734 W 84 STREET	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19928 EAST LAKE DRIVE
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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, 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:

JOHN F. PEDROTTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(305) 882-1664

DATE

Daytime Phone

CR2E034 (12/95)