SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name F9700005497 (9)

CELLSTAR LATIN AMERICA, INC.

FILED Sep 02 1998 8:00am Secretary of State



	e of Business													
1730 BRIERCROFT CT. CARROLLTON TX 75006			1730 BRIERCROFT CT.											
CARROLLTON	TX 75006		CARROLLTON TX	75006					DO NOT	WOITE	INI THIC	- 60 A C	_	
							3	. Date Incorpo			IN THIS	SPACE	=	
							"	10/20/199		ainiou				
2. Principal P	Place of Business	T :	2a. Mailing Addre	988			4	I. FEI Number				-	Appl	ied For
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Suite, Apt. #, etc.			Suite, Apt. #, etc.								\Box	\$8.		ditional
22		2	7]				5.	. Certificate of	f Status Desi	red	ш		e Req	
City & Stat	le		City & State				6	. Election Can	npaign Finan	cina		\$5	.00 M	av Re
23		2	8					Trust Fund (-	ded to	•
Zip	Country	L	Zip		Country		8	. This corpora	tion owes or	has pal	d the curi	rent yea	r Intan	gible
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	9. Name and Addres	.,	istered Agent				10). Name and A	Address of N	łew Reg	istered	Agent		
CT	CORPORATION SYST	EM			81	Name								
) south pine islant	ROAD			82	Street	Address (F	P.O. Box Num	her is Not Ac	centable	-)	_		
PLAI	NTATION FL 33324				"	0.000	11001000 (1	o. Dox Hain	DOI 13 1401 AC	ceptani	-,			
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11. Pursuant	to the provisions of section	ns 607.0502 and	607.1508, Florida	Statutes, t	the above-	named c	corporation	submits this s	tatement for t	he purp	ose of ch	anging i	is regis	tered
office or	registered agent, or both, am familiar with, and acce	In the State of Fa	orida. Such chang	ne was auth	horized by	the corp	oration's b	oard of directo	ors. I hereby a	accept ti	he appoir	n im ent a	as regis	tered
agent La			of earlion 607 (i	505 Florid	la Ciatutae									
agent. i a	and documents	pt the obligations	of, section 607.0	505, Fl orid	la Statutes									
agent. I a	Signature, typod or printed name of		of, section 607.0	505, Florid	a Statutes		ire required wh	nen reinsteling)			DATE			
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agent. 1 &	Signature, typod or printed name of OF	f registered agent and to FICERS AND DIF	te if applicable	505, Florid	Registered A		V	ADDITIONS/C			DATE	T	F	
SIGNATURE	Signature, typod or printed name o	f registered agent and to FICERS AND DIF	te if applicable	(NOTE:	Registered Ac		V				DATE	D DIRE	F	S IN 12
SIGNATURE 12.	Signature, typod or printed name of OF	f registered agent and to FICERS AND DIF	te if applicable	(NOTE:	Registered Ac	gent signatu	Nicho	additions/cae\ S. He	edge	O OFFIC	DATE	T	F	
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of OF CCEO GOLDFIELD, ALAN H	f registered agent and to FICERS AND DIF	te if applicable	(NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	gent signatu	Micho 1730	additions/cael 6. He Brier 6	edge croft a	O OFFIC	DATE CERS AN	T	F	
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an officer or director of the comparation or the receiptor applicable eproperties and 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 attach ner with an address.