

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

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98 FEB 16 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **G05894** (2)  
1. Corporation Name  
**PORTABLE COMMUNICATIONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2400 W 84TH ST, STE 3, HIALEAH FL 33016 US  
Mailing Address: P O BOX 5247, HIALEAH FL 33014 US

3. Date Incorporated or Qualified: 10/26/1982  
4. FEI Number: 59-2224011  
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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: ARROYO, MARIA, 14871 SW 37TH CT., MIRAMAR FL 33179

10. Name and Address of New Registered Agent (81-85): Name, Street Address (2400 W 84 ST #3), City (HIALEAH), State (FL), Zip Code (33016)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	ARROYO, MARIA	
STREET ADDRESS	14871 SW 37 COURT	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CIMADEVILLA, ANTONIO	
STREET ADDRESS	3053 SW 122 TERR	
CITY-ST-ZIP	COOPER CITY FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2400 W 84 ST #3
1.4 CITY-ST-ZIP	HIALEAH FL 33016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2400 W 84 ST #3
2.4 CITY-ST-ZIP	HIALEAH FL 33016
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	500002433223-1
4.4 CITY-ST-ZIP	-02/17/98--01094--005 ****158.75 ****158.75
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 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: \_\_\_\_\_ DATE: 1-13-98 305-822-2258

CPRE034 (10/97)