SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:22

DOCUMENT # J87239 (6)

1. Corporation Name
MOBILEVISION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
% SAUL SWIMMER ~~340 CARIBBEAN RD~~ ~~KEY BISCAYNE FL 33149~~	% SAUL SWIMMER ~~340 CARIBBEAN RD~~ ~~KEY BISCAYNE FL 33149~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1987
3a. Date of Last Report: 11/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1002 MADRID STREET	26 1002 MADRID ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES FLORIDA	City & State 28 CORAL GABLES, FLORIDA
Zip 24 33134 Country 25 U.S.A.	Zip 29 33134 Country 30 U.S.A.

4. FEI Number: 13-3081198 ☐ 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	10. Name and Address of New Registered Agent
SWIMMER, SAUL ~~340 CARIBBEAN RD~~ ~~KEY BISCAYNE FL 33149~~	81 Name SWIMMER, SAUL 82 Street Address (P.O. Box Number is Not Acceptable) 1002 MADRID STREET 83 84 City CORAL GABLES FL 85 Zip Code 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	SWIMMER, SAUL	12 NAME	SWIMMER, SAUL	
STREET ADDRESS	340 CARIBBEAN RD	13 STREET ADDRESS	1002 MADRID ST	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SWIMMER, SAUL	22 NAME	SWIMMER, SAUL	
STREET ADDRESS	340 CARIBBEAN RD	23 STREET ADDRESS	1002 MADRID STREET	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(k), 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: Saul Swimmer August 1, 1995 305 461-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAUL SWIMMER

0067679 CP