

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

CORPORATION
ANNUAL REPORT

1995 4-27-95



FLORIDA DEPARTMENT OF STATE
John B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07569

(1)

1. Corporation Name

A.G.R. CELLULAR, INC.

Principal Place of Business

3842 W 16TH AVE
HIALEAH FL 33012

Mailing Address

3842 W 16TH AVE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1989

3a. Date of Last Report

07/21/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0177321

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANA M. CABRERA
14622 ROSEWOOD ROAD
MIAMI LAKES FL 33014

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 and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CABRERA, GUILLERMO DE J
STREET ADDRESS	12401 W OKEECHOBEE #414
CITY - ST - ZIP	HIALEAH GARDENS FL
TITLE	VP
NAME	CABRERA, ROGER
STREET ADDRESS	14622 ROSEWOOD ROAD
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	ST
NAME	CABRERA, ANA MARIA
STREET ADDRESS	14622 ROSEWOOD ROAD
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	T
NAME	CABRERA, ANA NELIDA
STREET ADDRESS	14622 ROSEWOOD ROAD
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

(205) 556-8438

Date

Daytime Phone #