FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

97 JUL 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49879 (4)

1. Corporation Name
CITY CELLULAR, INC.

Principal Place of Business	Mailing Address
~~2904 N 29TH AVE~~	~~2904 N 29TH AVE~~
~~HOLLYWOOD FL 33020~~	~~HOLLYWOOD FL 33020-1506~~
~~US~~	~~US~~

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 8400 NW 25th Street	26 20801 Biscayne Boulevard
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 304
City & State 23 Miami, Fla	City & State 28 North Miami Beach, FL
Zip 24 33122 Country 25 Dade	Zip 29 33180-1422 Country 30 USA

4. FEI Number: 65-0188484 — 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

SEBASTIAN BAYON
2800 NORTH 29TH AVENUE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: WILLIAM J. SEGAL, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 20801 Biscayne Boulevard
83 Suite 304
84 City: Aventura FL 85 Zip Code 33180

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] WILLIAM J. SEGAL, ESQ. 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEBASTIAN BAYON 2800 NORTH 29TH AVENUE HOLLYWOOD FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MICHAEL FAULK - Director 2800 North 29th Avenue Hollywood, FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	500002250325--9 -07/29/97--01041--023 ****165.00 ****165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 [signature] Michael Faulk 4/29/97 954-925-4200