FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (9) MICHINI, I LUNIUM COAVE SUNSHINE CELLULAR, INC. Principal Place of Business Mailing Address 12280 NE 14TH AVE 12280 NE 14TH AVE SUITE 2000 N MIAMI FL 33161-6521 N MIAMI FL 33161-6521 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For N.W. 21 A.O. 16400 16400 65-0204901 Not Applicable \$8.75 Additional 巫 5. Certificate of Status Desired Suite # Scite #203 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAM BIAMI Kcorina 40nipA 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSHEROFF, MARC A 12280 NE 14THA VE Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1000** 83 N MIAMI FL 33161-6521 #203 84 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. OSHENO AF MARC A **SIGNATURE** 12. ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 THLE Addition **OSHEROFF, MARC A** NAME 1.2 NAME 16400 N.W. 2nd Ave Suite#203 12280 NE 14TH AVE STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE GOODMAN, ANDREW NAME 2.2 NAME 16400 N.W. 2rd Are Sute #203 12280 NE 14TH AVE STREET ADORESS 2.3 STREET ADDRESS N MIAMI FL BIAMI, FLORIDA 3311 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6.1 TITLE Change ___ Addition

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 supplienental annual report is true and accurate and that my signature shall have the same logal 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

6.4 CITY-ST-7IP

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP