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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L97710

(2)

CELLBEEP OF FLORIDA, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										FIGUR TOUR	
6783 S.W. 8TH STREET 6783 S.W. 8TH STREET								•			
MIAMI FL 331	144	MIAMI	MIAMI FL 33144				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified . 09/05/1990			
2. Principal Pi	lace of Busines	2a. Mai	2a. Mailing Address				4. FEI Number Applied For				
21		26	26				65-0214056	Not Applicable			
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.					\$8.75 Ad	ditional		
22		27					5. Certificate of Status Desired	Fee Req	uired		
City & State	9	City	City & State				6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees			
	Zip Country		<u>├</u>	Zip Coun				8. This corporation owes or has paid the current year Integrable Personal Property Tax due June 30. Yes No			
24	25 Survey			29 30				Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent ZABALA, SANDALIO 8								(U. Hailib and Addiess of flow hegistered Ag	0111		
	Bala, Sandi 1 W 33 ST	ALIU									
	N 33 51 NLEAH FL 330					Street A	Address (P.O. Box Number is Not Acceptable)				
]		
						84	City	FL	85 Zip Co	ode	
11. Pursuant to the provisions of Soctions 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 title if applicable (NOTE: Re						d Age	n eignature	required whon reinstalling) DATE. ADDITIONS/CHANGES TO OFFICERS AND D	IDEOTODO	(1) 10	
12.	PSD	OFFICE	S AND DIRECTOR	DELETE	13. 1.1 TJ	TI E			Change	Addition	
TITLE NAME	ZABALA, S	CHIAGMAS		C DELETE	1.2 N				_ vago		
STREET ADDRESS	241 W 33						ADDRESS				
	HIALEAH					ITY-S				1	
CITY-ST-ZIP TITLE	111111111111111111111111111111111111111	<u> </u>		DELETE	2.1 TJ		1-2"		Change	Addition	
NAME					2.2 N				- •		
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NAME					3.2 N	AME					
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CITY-ST-ZIP					3.4. C	HTY-S	IT-ZIP		· · · · · · · · · · · · · · · · · · ·		
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NAME					4. 2 N	AME					
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TITLE				☐ DELETE	5.1 TI	TLE	ŀ	L	J Change	Addition	
NAME					5.2 N	AME	ŀ				
STREET ADDRESS					5.3 S	TREET	ADDRESS				
CITY-ST-ZIP					5.4 CI	ITY-S	T-ZIP		-		
TITLE				☐ DELETE	6.1 TI	TLE	[Ļ	_ Change	Addition	
NAME					6.2 N	AME	ĺ				
STREET ADDRESS					6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			E-d-Mt 42 FC	1-2		ITY-S		and in Section 110 07/2V/i) Florida Statutes I further certif	hu that tha !-	formation	

Increasy certify triat the information supplied with this ning does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report is 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 chapter 6 on an attachment with an address.