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

CITY-ST-ZIP

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)M06596 FLORIDA MOBIL CORP. Principal Place of Business Mailing Address 10260 N.W. 7TH, AVENUE 10260 N.W. 7TH. AVENUE MIAMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2455075 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LLOMBART, OSMEL ESENIAC 10260 N.W. 7TH. AVENUE **B2** ddress (P.O. Box Number is No **MIAMI FL 33150** 0260 NW 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 697.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered alignet, 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 july, and accept the obligations of, Segtion 107,5505, Florida Statules. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, DELETE Change TITLE 1.1 11116 LLOMBART, OSMEL 1.2 NAME NAME **601 S.E. 8TH. COURT** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Channe Addition TITLE 2.1 HILE LLOMBART, ROSA 2.2 NAME 601 S.E. 8TH. COURT STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE PRES, DIR. Change Addition TITLE 3.1 TITLE 3.2 NAME NAME YESENIA ORTEGA STREET ADDRESS 3.3 STREET ADDRESS 181 N.E. 16051 33/6z CITY-ST-ZIP 3.4. CITY - ST- ZIP VORTH MIAMI. DELETE Change Addition TITLE 4.1 TITLE EC FARES. NAME 4.2 NAME PETRA CORTEGA 1181 N.E. 160 51 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 offect as if made under oath; that I am an officer or director of the corporation or the receives 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 chapted, or on an attraction of the receives of the corporation or the receives of the corporation of the receives of the receives

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