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

FILED May 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socre ary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # M17948 INTER CITY CELLULAR, INC. Principal Place of Business Mailing Address 13155 BW 87TH AVENUE 13155 SW 87TH AVENUE MIAMI FL 33176 MIAMI FL 33176-5920 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1985 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2552573 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARRERAS, CLAUDIA 13155 SW 87 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 Zip Code 85 11. Pursuant to the pooffice or registers 1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered by tigh 607,0005, Florida Statutes. of Sections 607 0302 and 60. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Addition [] DELFTE Change TITLE CARRERAS, ANTHONY W. NAME 1.2 NAME 4904 SW 136 PLACE STREET ADDRESS 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Change TITEE Addition 211000 CARRERAS, CLAUDIA NAME 22 NAM! 4904 SW 136 PLACE STREET ADDRESS 23 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2 4 0 1Y - ST - ZIP DELLIE Change Addition TITLE 3.1 1111.6 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-ZIP DELETE TITLE 41 TILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DECLIE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-7IP

14. I do hereby certify that the information indicated on this arriva ly for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the rue and accurate and that my signature shall have the same legal offect as if made under oath; that ered to execute this report as required by Chapter 607, Florida Statutes; and that my name you supplied with this filing does no Tam an officer or directed to a sears in Block 12 or

6.3 STREET ADDRESS

6.4 CH1Y+S1+7IP

6 F TRUE

6.2 NAME

Addition

Change

DETETE

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP