SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:00

DOCUMENT # **M48034** **(6)**

1. Corporation Name
SUPER BEEPER ELECTRONIC INC.

Principal Place of Business	Mailing Address
LOZANO, ISMAEL G. 20852-B S DIXIE HWY MIAMI FL 33189-2218	LOZANO, ISMAEL G. 20852-B S DIXIE HWY MIAMI FL 33189-2218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1987
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-2781602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Limited Partnership Annual Report ☐ **$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOZANO, ISMAEL G.
2052-B S. DIXIE HWY
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name: LOZANO ALIDA
82 Street Address (P.O. Box Number is Not Acceptable): 15314 SW 103 AVE.
83
84 City: MIAMI FL. FL 85 Zip Code: 33175

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Type or Print)	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LOZANO, ISMAEL G.	12 NAME	DELETE LOZANO, ISMAEL
STREET ADDRESS	15314 SW 103 AVE	13 STREET ADDRESS	15314 SW 103 Ave.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOZANO, ALIDA	22 NAME	
STREET ADDRESS	15314 SW 103 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MEDINA, JACKELINE	32 NAME	
STREET ADDRESS	15314 SW 103 AVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040075 CP