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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MAAO

1. Corporation	BEEPER ELECTRONIC INC				
Principal Place of Business Mailing Address				Bil Billi dilli Billi Billi Billi Aibil iber	
EOZANO. ISMAEL G. LOZANO. ISMAEL G. 20852-B S DIXIE HWY 20852-B S DIXIE HWY MIAMI FL 33189-2218 MIAMI FL 33189-2218				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	THO OF ACE
				03/10/1987	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	acc of Sasiness	26		59-2781602	Not Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
		27		5. Certificate of Otation Doubles	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ir Intangible X Yes □No
24	25	[75]	30	Personal Property Tax. 10. Name and Address of New Registe	
	9. Name and Address of Curre	ent Registered Agent	81 Name	IV. Italie and Address of the Rogiste	Tou Ayunt
LOZANO, ALIDA 15314 SW 103RD AVE MIAMI FL 33175					
			. 82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		副四国国际公司管理
					· · · · · · · · · · · · · · · · · · ·
			84 City	, , , , , , , , , , , , , , , , , ,	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	
12.	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE		☐ Change ☐ Addition
TITLE	MEDINA, JACQUELINE		1.2 NAME		
NAME	16073 SW 83 TERRACE		1.3 STREET ADDRESS	•	
STREET ADDRESS	MIAMI FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOZANO, ALIOA		2.2 NAME	•	
STREET ADDRESS	AAAAA OM AZ TEDDACE		2.3 STREET ADDRESS		·
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	.1.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT, LOZANO		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Service of the servic
TITLE		☐ DELETE	4.1 TITLE	a fi fi	Change FF Addition
NAME			4. 2 NAME		
STREET ADDRESS	:	,	4.3 STREET ADDRESS		* * * * * * * * * * * * * * * * * * *
CITY-ST-ZIP		C DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
THTLE		☐ DELETE	5.1 TITLE 5.2 NAME	Section Systems	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	,		5.4 CITY-ST-ZIP	San	The second second second
CITY-ST-ZIP	,	☐ DELETE	6.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE		<u> </u>	6.2 NAME	* *	
NAME STREET ADDRESS			6.3 STREET ADDRESS		
	The same of the sa		_		

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATUR'

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90013 018 ***150.00

Daytime Phone #