## 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 # M52112

(3)

C & G CELLULAR PHONES SERVICE, INC.					
				1 10 01000 10 10 0100 1100 1100 1100 1100 1	HAN ANDN ANAN THU ANDN GAN
Principal Place of Business Mailing Address 10872 10886 B SW 104 STREET				i iddianii jai miina šiūdž šibūi šinia šini bibii š	SENTE AFAIT BINT ALBIT AINT TRA
-100000 SW 104 STREET 100000 SW 104 STREET					
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN TH	IG GBACE
				3. Date Incorporated or Qualified	O SI AGE
				05/14/1987	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2805959	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	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 or has paid the	
24	25 9. Name and Address of Current	29 30	0	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		Hohieren whell	81 Name	10, Maille and Addition of How Hogiston	Avani
	O-GISMONDI, CARLOS <del>866 D GW 184 ST</del> : 10872	5W 104th Street			
	AMI FL 33176	200 104 GIVE	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIN	AMI FL 33176 *		83		
					·
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named corp	poration 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 trie if applicable (NOTE R	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	<del></del>
TITLE	D	☐ DELETE	1.1 TITLE		Change    Addition
NAME	YTO-GISMONDI, CARLOS	on and with at	1.2 NAME		
STREET ADDRESS	10060-B SW 104 STREET LO	6 12 SW 104 31.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176 🗸	Driett	1.4 CITY-ST-ZIP		Olympia Addition
TITLE		☐ DELETE	2.1 TITLE		L Change L Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELET <b>E</b>	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		beec.	3.2 NAME		C Citatigo C 100/1011
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	!	ı	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP	•	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 on the receiver or trystee 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 articular applicable.

**FILED** 

Apr 24 1998 8:00am

Secretary of State