

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M52567** (8)

1. Corporation Name
CELLULAR WORLD, INC.



Principal Place of Business: **12910 SW 89TH COURT MIAMI FL 33176**
Mailing Address: **12910 SW 89TH COURT MIAMI FL 33176**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **05/22/1987**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **59-2809891** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**ROTHSTEIN, LAZARUS
11077 BISCAYNE BLVD.
PENTHOUSE
MIAMI FL 33161**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, Sections 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE: **PD**
NAME: **SEIDERMAN, ABE**
STREET ADDRESS: **12910 SW 89TH CT.**
CITY-STATE-ZIP: **MIAMI FL**
[] DELETE
TITLE: **ST**
NAME: **SEIDERMAN, SONDRA**
STREET ADDRESS: **12910 SW 89TH CT.**
CITY-STATE-ZIP: **MIAMI FL**
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP [] Change [] Addition
2. TITLE
21 NAME
22 STREET ADDRESS
23 CITY-STATE-ZIP [] Change [] Addition
3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP [] Change [] Addition
4. TITLE
41 NAME
42 STREET ADDRESS
43 CITY-STATE-ZIP [] Change [] Addition
5. TITLE
51 NAME
52 STREET ADDRESS
53 CITY-STATE-ZIP [] Change [] Addition
6. TITLE
61 NAME
62 STREET ADDRESS
63 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that the signature(s) 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 provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)