

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M63858** (8)

1. Corporation Name  
**SIGNAL BEEPER & SIGNAL CELLULAR INC.**

Principal Place of Business  
**12002 NORTH KENDALL DRIVE  
MIAMI FL 33186**

Mailing Address  
**12002 NORTH KENDALL DRIVE  
MIAMI FL 33186-2002**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1987</b>	3a. Date of Last Report <b>07/16/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0033004</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEFANO, ANDRES MARIANO  
11350 SW 95 STREET  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81. Name **STEFANO ANDRES MARIANO**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**12002 N Kendall Dr**  
83.   
84. City **MIAMI** FL 85. Zip Code **33186**

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 *Miriam Stefano*

DATE **2/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEFANO, ANDRES MARIANO</b>		1.2 NAME <b>STEFANO, ANDRES MARIANO</b>	
STREET ADDRESS <b>11350 SW 95 STREET</b>		1.3 STREET ADDRESS <b>12002 N. Kendall Dr.</b>	
CITY- ST- ZIP <b>MIAMI FL</b>		1.4 CITY- ST- ZIP <b>MIAMI, FL 33186</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEFANO, MIRIAM</b>		2.2 NAME <b>STEFANO, MIRIAM</b>	
STREET ADDRESS <b>11350 SW 95 STREET</b>		2.3 STREET ADDRESS <b>12002 N Kendall Dr.</b>	
CITY- ST- ZIP <b>MIAMI FL</b>		2.4 CITY- ST- ZIP <b>MIAMI, FL 33186</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 or change d, or on an attachment with an address.

SIGNATURE: *Miriam Stefano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/24/97**

Daytime Phone #

0250485

CR2E034 (9/96)