

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M64860 (3)

1. Corporation Name
APOLLO BEEPERS, INC.

Principal Place of Business
9810 SOUTH DIXIE HWY.
MIAMI FL 33156

Mailing Address
9810 SOUTH DIXIE HWY.
MIAMI FL 33156-2809



3. Date Incorporated or Qualified 01/13/1988
3a. Date of Last Report 02/01/1996

2. Principal Place of Business
21 9619 S. DIXIE HWY.
Suite Apt. #, etc.

2a. Mailing Address
26 9619 S. DIXIE HWY.
Suite Apt. #, etc.

4. FEI Number 65-0029808
Applied For Not Applicable

22 City & State
23 PINECREST, FL.

27 City & State
28 PINECREST, FL.

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

24 Zip 33156 Country USA
25
29 Zip 33156 Country USA
30

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEVIA, GERARDO
1405 SW 107TH AVE #301-A
MIAMI FL 33174

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUEDA, GERARDO	
STREET ADDRESS	10067 SW 77TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORALES, MIRIAM	
STREET ADDRESS	10088 SW 77TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUEDA, MARGOTH	
STREET ADDRESS	10067 SW 77TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGOTH RUEDA	
1.3 STREET ADDRESS	10069 SW 77 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUEDA, GERARDO	
3.3 STREET ADDRESS	10067 SW 77 CT.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33156	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUEDA, JAIRO	
4.3 STREET ADDRESS	16861 SW 194 ST.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33186	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO RUEDA 2/3/97 305-595-2225

CR2E034 (9/96)