SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

'NOMPROFIT CORPORATION ANNUAL REPORT

SIGNATURE!



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILCO CTATE

1996		The state of the s	DIVISION OF CORPORATIONS					SECRETARY OF STATE			
DOCUM 1. Corporation I	IENT#	N9500	000	5987 (1)			96 AUG 27 PH 12: 31			
ALACE ION, IN		MERICAN WIRELE									
Principal Place	of Business		Mailin	g Address				I (BRITIE) BIR IBIDI BILLI BRALL BRAIN BR	111 60 161 54	(8) 9(0)0 (9)0) (18411 19691 1969F
4995 N.W. 72N SUITE 300	D AVE.		4995 N.W. 72ND AVE. SUITE 300								
MIAMI FL 3316	¥6		MIAI	M FL 33166				3. Date incorporated or Qualified 12/20/1995	3a. Date	e of Last Rep	port
2. Principal Pia	ce of Busines	2a. Mailing Address				·	4. FEI Number 65 -0636887		—	olied For Applicable	
21	-1-		26	uite, Apt. #, etc.						\$8.75 A	
Suite, Apt. #	, etc.	27					5. Certificate of Status Desired		Fee Rec	·	
City & State			-	ty & State				Election Campaign Financing Trust Fund Contribution		\$5.00 h Added to	•
Zip		Country	28 Z	p	Cou	intry		8. This corporation has liability for inta	ingible ta		
24	25		29		30			Florida Statutes 10. Name and Address of New Regis		No	
	9. Name an	d Address of Current I	Register	ed Agent		81	Name	10. Name and Address of New Hegis	telen VI	<u> 10111 </u>	
LACAS	A, ARMANDO) E ESQ.				82	Stroot A	ress (P.O. Box Number is Not Acceptable)			
	ORAL WAY						JUGGI A	Toda (1.0. Dan Humbor to Hot I despitato)			
3RD FL		83									
MIAMI FL 33145						84	City		FL	85 Zip C	Code
CICNISTUDE		and accept the obligati	and title if ap	oplicable (N				poration submits this statement for the purplion's board of directors. I hereby accept the life when reinstaking) ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE	D	GITTOETTO TITLE	Dco	DELETE	1.1 T	ITLE		30000	7	Change	Addition
NAME), steve	NE	LULAD ONE	1.21			-09/05/96	01	0270	04
STREET ADDRESS		OFFICE PARK #6 EU ABO, P.R. 00969	JIF. UEL	LULAK UNE		TREET HTY - S	ADORESS	****236.		****23	6.25
CITY-ST-ZIP TITLE	D	(DO, 1 .71. 00000		DELETE	2.1.1		1) - ZIF			Change	Addition
NAME	LANDOL	FO, SANTO			221	IAME					
STREET ADDRESS		EL ÁVE. PRINCIPAL I	LOS CO	rtijos de lo			ADDRESS				
CITY-ST-ZIP	CARAC/	AS, VENEZUELA		DELETE	2. 4 3.1 1		ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME	TRONC	OSO, MARCOS				IAME					
STREET ADDRESS		ONN LOPE DE VAGA	NO, 9	5	33	TAEET	ADDRESS				
CITY-ST-ZIP		CAN REPUBLIC		DELETE		CITY-	ST-ZIP			Change	Addition
TITLE	KFILFR	, PATRICIA				NAME			,	-	
NAME STREET ADDRESS		W. 149TH AVE. APT.	A-305				I ADDRESS				
CITY-ST-ZIP	MIAMI F	L 33193			_		ST-ZIP			Change	Addition
TITLE				DELETE		TITLE				viiatile	المالية
NAME ATOMET ADDRESS						name Stree	T ADDRESS	•			
STREET ADDRESS DITY-ST-ZIP							ST - ZIP				T Nove
TITLE				DELETE		TITLE				Change	Addition
NAME						NAME	* *DV*LVV				
STREET ADDRESS					6.4	CITY -	T ADDRESS St-Zip	dec			·
14. I do herei	by certify that	he information supplied	with this	filing is voluntarily	furnished	and	does not	alify for the exemption stated in Section 11	9.07(3)(h	(), Florida St	tatutes. I
further ce	ertify that the in	tormation indicated on i	nis annu roftha c	arreport or supple	eceiver or	trust	ee empow	e and accurate and that my signature shall red to execute this report as required by Cr	napter 61	17, Florida S	tatutes, and
that my n	ame appears	n Block 12 or Block 13	Change	a, or on arradacin	TOTAL WILLIAM	1 2 0	F2	alachi-	(-	x05) 31-22	
SIGNAT	TURF(`		HO.	ill net	उस्ताह	11	1.7	0/00/10		11-66	<u> </u>

ED ON PRINTED NAME OF BONING OFFICER OR DIRECTOR

Daytime Phone # 0000399