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Jun 25 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005987 (1)**

1. Corporation Name  
**ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIATION, INC.**



Principal Place of Business <b>4995 N.W. 72ND AVE. SUITE 300 MIAMI FL 33166</b>	Mailing Address <b>4995 N.W. 72ND AVE. SUITE 300 MIAMI FL 33166-5643</b>
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2. Principal Place of Business <b>21 1920 E. Hallandale</b> Suite, Apt. #, etc. <b>22 Bch. Blvd. # 805</b> City & State <b>23 Hallandale, Florida</b> Zip <b>24 33009</b> <b>25 USA</b>	2a. Mailing Address <b>26 1920 E. hallandale Bch.</b> Suite, Apt. #, etc. <b>27 Blvd. # 805</b> City & State <b>28 Hallandale, Florida</b> Zip <b>29 33009</b> <b>30 USA</b>
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3. Date Incorporated or Qualified <b>12/20/1995</b>	3a. Date of Last Report <b>08/27/1996</b>
4. FEI Number <b>65-0636887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LACASA, ARMANDO E ESQ.**  
**3181 CORAL WAY**  
**3RD FLOOR**  
**MIAMI FL 33145**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

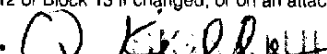
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, STEVE</b>
STREET ADDRESS	<b>METRO OFFICE PARK #6 EDIF. CELLULAR ONE</b>
CITY-ST-ZIP	<b>QUAYNABO, P.R. 00989</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANDOLFO, SANTO</b>
STREET ADDRESS	<b>% TELCEL AVE. PRINCIPAL LOS CORTIJOS DE LO</b>
CITY-ST-ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TRONCOSO, MARCOS</b>
STREET ADDRESS	<b>% TRICONN LOPE DE VAGA NO. 95</b>
CITY-ST-ZIP	<b>DOMINICAN REPUBLIC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLER, PATRICIA</b>
STREET ADDRESS	<b>8000 S.W. 149TH AVE. APT. A-305</b>
CITY-ST-ZIP	<b>MIAMI FL 33193</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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

**2000 Diana Drive # 208**  
**Hallandale, Fl. 33009**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Patricia Keller-Managing Director** 6/19/97

CR2E037 (9/96)