

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005987

1. Corporation Name

**ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIAT
ION, INC.**

Principal Place of Business

1920 E. HALLANDALE BEACH BLVD
SUITE 805
HALLANDALE FL 33009
US

Mailing Address

1920 E HALLANDALE BEACH BLVD
STE #805
MIAMI FL 33009
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 008 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

65-0636887

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

9. Name and Address of Current Registered Agent

KELLER, PATRICIA
1920 E. HALLANDALE BEACH BLVD.
SUITE 805
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

Joyce Alarcon

82 Street Address (P.O. Box Number is Not Acceptable)

1920 E. Hallandale Bch. Blvd.

83

Suite 805

84 City

Hallandale

FL

85 Zip Code

33009

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

Joyce Alarcon

(NOTE: Registered Agent signature required when reinstating)

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
WIOR, MAURICIO
STREET ADDRESS TUCAMAN 744 2ND FLOOR
CITY-ST-ZIP BUENOS AIRES, ARGENTINA

TITLE ☐ DELETE

NAME D
LANDOLFO, SANTO
STREET ADDRESS % TELCEL AVE. PRINCIPAL LOS CORTIJOS DE LO
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME D
TRONCOSO, MARCOS
STREET ADDRESS % TRICONN LOPE DE VAGA NO. 95
CITY-ST-ZIP DOMINICAN REPUBLIC

TITLE ☒ DELETE

NAME D
KELLER, PATRICIA
STREET ADDRESS 2000 DIANA DR #208
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME D
HALVAS, JORGE
STREET ADDRESS AV. PROLONG. PASEO DE LA REFORMA 1236
CITY-ST-ZIP DEL. CUAJIMALPS DF, MEXICO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Joyce Alarcon
1.3 STREET ADDRESS 3411 Indian Creek Dr Apt. 1003
1.4 CITY-ST-ZIP Miami Beach, FL 33141

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Roberto Perez
2.3 STREET ADDRESS Tucuman 744 2nd. Floor
2.4 CITY-ST-ZIP Buenos Aires CP 1049-Argentina

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Joyce Alarcon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 (954) 456-8777

CR2E037 (11/98)