
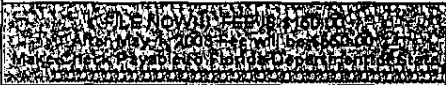



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 026 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|------------------------------------|--|---|
| DOCUMENT # P02000077085 | |  | |
| 1. Entity Name INTERNATIONAL WIRELESS COMMUNICATIONS, INC. | | | |
| Principal Place of Business 442 HAMPTON LANE KEY BISCAIYNE, FL 33149-1853 | | Mailing Address 442 HAMPTON LANE KEY BISCAIYNE, FL 33149-1853 | |
| 2. Principal Place of Business | | 3. Mailing Address 2419 E. Commercial Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 100 | |
| City & State | | City & State Ft. Lauderdale, FL | |
| Zip | Country | Zip | Country |
| | | 33308 | |
| 4. FEI Number | | Applied For | |
| 82-0554411 | | Not Applicable | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| | | <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SARASUA, ALBERTO F 442 HAMPTON LANE KEY BISCAIYNE, FL 33149-1853 | | NAME Keith R. Meccarielli Street Address (P.O. Box Number is Not Acceptable) 442 Hampton Lane CITY Key Biscayne FL Zip Code 33149-1853 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | | DATE | |
| Signature, typed or printed name of registered agent and use if applicable | | NOTE: Registered Agent signature required when registering | |
|  | | | |
| 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| | | <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARASUA, ALBERTO D | NAME | |
| STREET ADDRESS | 442 HAMPTON LANE | STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAIYNE, FL 331491853 | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECCARIELLI, KEITH R | NAME | |
| STREET ADDRESS | 442 HAMPTON LANE | STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAIYNE, FL 331491853 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with, or other like empowered. | | | |
| SIGNATURE:  | | DATE | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

CR2E034 (10/02)