

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000006439 (2)**

1. Corporation Name

**PAGER CONNECTION, INC.**



Principal Place of Business <del>2033 W 73 ST HIALEAH FL 33014 US</del>	Mailing Address P O BOX 52-6631 MIAMI FL 33152 US
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2. Principal Place of Business 21 <b>2695 WEST 76th STREET</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>01/22/1993</b>	3a. Date of Last Report <b>04/19/1995</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0397103</b>	Applied For Not Applicable
23 City & State <b>HIALEAH, FL 33016</b>	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>33016</b>	25 Country <b>USA</b>	29 Zip	30 Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>MARTINEZ, JORGE A 2033 W 73RD ST HIALEAH FL 33016</del>				10. Name and Address of New Registered Agent			
				81 Name	<b>JORGE A MARTINEZ</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>2695 W 76th STREET</b>		
				83			
				84 City	<b>Hialeah</b>	85 State	<b>FL</b>
						86 Zip Code	<b>33016</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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: *Jorge A. Martinez* **President** DATE: **4-22-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE		1 1 TITLE	<b>D-P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTINEZ, JORGE A</b>			12 NAME	<b>MARTINEZ, JORGE A.</b>		
STREET ADDRESS	<b>2033 W 73RD ST</b>			13 STREET ADDRESS	<b>2695 WEST 76th STREET</b>		
CITY-ST-ZIP	<b>HIALEAH FL</b>			14 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		2 1 TITLE	<b>S-VP-D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTINEZ, ORLAIDA</b>			22 NAME	<b>MARTINEZ, ORLAIDA</b>		
STREET ADDRESS	<b>2033 W 73 ST</b>			23 STREET ADDRESS	<b>2695 WEST 76th STREET</b>		
CITY-ST-ZIP	<b>HIALEAH FL</b>			24 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>		
TITLE		<input type="checkbox"/> DELETE		3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jorge A. Martinez* **Jorge A Martinez, President** DATE: **305-556-9290**

CR2E034 (12/95)