FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000006549 (8)**

1. Corporate Name

CHAMOR PAGING, INC.

Principal Place of Business

7891 WEST FLAGLER ST.
SUITE 247
MIAMI FL 33126

Mailing Address

7891 WEST FLAGLER ST.
SUITE 247
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1993**

3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21 | Suite, Apt. # or Rm. — 22 | City & State — 23 | ZIP — 24 | County — 25

2a. Mailing Address — 26 | Suite, Apt. # or Rm. — 27 | City & State — 28 | ZIP — 29 | County — 30

4. FEI Number: **65-0383548** ☐ 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

8. This corporation has qualify for charitable tax under s. 196.012 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAVES, NURI
34 SW 60TH CT
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
51 TITLE	D	☐ Change ☐ Addition
52 NAME	CHAVES, NURI	
53 STREET ADDRESS	7891 WEST FLAGLER ST. #247	
54 CITY ST ZIP	MIAMI FL 33126	
55 TITLE		☐ Change ☐ Addition
56 NAME		
57 STREET ADDRESS		
58 CITY ST ZIP		
59 TITLE		☐ Change ☐ Addition
60 NAME		
61 STREET ADDRESS		
62 CITY ST ZIP		
63 TITLE		☐ Change ☐ Addition
64 NAME		
65 STREET ADDRESS		
66 CITY ST ZIP		
67 TITLE		☐ Change ☐ Addition
68 NAME		
69 STREET ADDRESS		
70 CITY ST ZIP		
71 TITLE		☐ Change ☐ Addition
72 NAME		
73 STREET ADDRESS		
74 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)(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 607, Florida Statutes; and that my name appears in Block 1 or Block 11 if changed or added by attachment with an address.

SIGNATURE: X Nuri E. Chaves — 5/5/95 — (305) 262-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NURI E. CHAVES, PRES.

Date — Daytime Phone Number

0168436 CP