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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006549 (8)

CHAMOR PAGING, INC.

| Principal Place of Business 7891 WEST FLAGLER ST. SUITE 247 MIAMI FL 33126 | | 7891 WEST FL SUITE 247 | Mailing Address 7891 WEST FLAGLER ST. SUITE 247 MIAMI FL 33144-2303 | | | 3. Date Incorporated or Qualified | | | |
|--|---|--|--|---|---------------------------------------|---|-------------------------|--|---|
| 2. Principa | il Place of Business | 2a. Mailing Ad | ddress | | | 4. FEI Number | 1 | ······································ | plied For |
| 21 | | 26 | 26 | | | 65-0383548 | | No | ot Applicable |
| Suite, A 22 | pt.#, elc. | Suite, Apt | , #, etc. | | | 6. Certificate of Status Desired | | \$8.75 A | |
| City & S | State | City & Sta | te | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | |
| Zip ⊢¬ | Country | Zip |] | Countr | у | 8. This corporation has liability for in | | | . 199.032, |
| 24 | 25 9. Name and Address of Cure | [29] | | 30 | | Florida Statutes 10. Name and Address of New Reg | | No | ., |
| | HAVES, NURI | eur vedisteien võei | 11. | 81 | Name | 10. Haille sild Address of New Hel | StateLed N | rgent | _ |
| 34 | 4 SW 60TH CT IAMI FL 33144 | | | 82 83 | | dress (P.O. Box Number is Not Acceptab | le) | 85 Zip | Code |
| 11. Pursua office r agent SIGNATUR | or registored agent, or both, in the Sta I am familiar with, and accept the ob | ite of Florida. Such ch ligations of, Section 6 | nange was a 07.0505, Flo | uthorized b rida Statute | y the corpora | rporation submits this statement for the p ation's board of directors. I hereby accep ulred when reinstating) | urpose of t the appo | changing it pintment as | s registered registered |
| 12. | OFFICERS / | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 12 |
| THUE NAME STREET ADORES OITY-ST-ZIP | D CHAVES, NURI 7891 WEST FLAGLER ST. # MIAMI FL 33126 | | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- | T ADDRESS | | | Change | Addition |
| TITLE NAME STREET ADDRES COLY+S1-ZIP | 55 | <u> </u> | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY | T ADDRESS | ٠. | , Au | Change | Addition |
| THEE NAME STREET ADORE | ss | L.J | DELETE | 3 1 TITLE 3 2 NAME | | | | Change | Addition |
| CITY-ST-ZIP | | | Devese. | 3.4. CITY- | | | | 76 | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
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| NAME | | | | 4. 2 NAME | · · · · · · · · · · · · · · · · · · · | | | | |
| STREET ADDRES | SS | | • | | T ADDRESS | | | | |
| CITY-ST-7IP | | · | DELETE | 44 CITY | | | | Channe | Addition 1 |
| TITLE NAME | | اــا | DELETE | 5.1 TITLE 5.2 NAME | | | | Change | Addition |
| STREET ADDRES | SS | | | 5.3 STREE | T ADDRESS | | | | |
| C(1Y - S1 - ZIP | | | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | | 6.2 NAME | Ì | | | | |
| STREET ADDRES | SS | | | 6.3 STREE | T ADDRESS | | | | |
| CITY-S1-ZIP | | | | 64 CITY- | ST-ZIP | | | | |
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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 employeed 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:

FILED

Apr 16 1997 8:00am

Secretary of State

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