FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



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 202 Mailing Address

7891 WEST FLAGLER ST. SUITE 247 FILED
Apr 23 1998 8:00am
Secretary of State



SUITE 247 MIAMI FL 931:	26 .	SUITE 247 Miami Fl 83126	SUITE 237 MIAMI FL 93126		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
* 5					01/27/1993			
	lace of Business SW 22 ST.	2a. Mailing Address	77 <	+	4. FEI Number		Applied For	
	1/50 SW 22 ST. 26 1/50 SW 22 ST. Suite, Apt. #, etc.			<i>I</i> ,	65-0383548		Not Applicable	
Suite 21 27 Suite			21		5. Certificate of Status Desired	.	\$8.75 Additional Fee Required	
City & State	ami, FL	City & State 28 MiAmi	, FL		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip 331	29 Country 25 U.S.A	Zip 33129	Country	sA	This corporation owes or has paid the c Personal Property Tax due June 30.	·	Intangible	
	9. Name and Address of Cur		00		10. Name and Address of New Registered			
CH	AVES, NURI		81	Name				
	SW 60TH CT		82	Stroot Ad	Idress (P.O. Box Number is Not Acceptable)			
	MI FL 33144		62	SugerAu	ciress (F.O. Box Nomber is Not Acceptable)			
**167			83					
			84	City		85 Zir	o Code	
_			04	Olly	Fi	L 60 ZIF	J 0000	
SIGNATURE	Signature, typed or printed name of registered		: Registered Age	ent signature rec	quired when reinstating) DATE.			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	CHAVES, NURI		1.2 NAME					
STREET ADDRESS	7691-WEST-FLAGLER ST.	#247	1.3 STREET	ADDRESS	1150 SW 22 ST. SUIT	E 21		
CITY-ST-ZiP	-MAMI FL-33126	- I DOLLETE	1.4 CITY - S	T-ZIP	MIAMI IFL 33129		A 4 894	
TITLE		☐ DELETE	2.1 TITLE	l		Change	Addition	
NAME			2.2 NAME	1000000				
STREET ADDRESS			2.3 STREET	1				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 5 3.1 TITLE	31-211		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREFT	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S					
TITLE		DELETE	4.1 TITLE			☐ Change	. Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			····	
TITLE		DELETE	5.1 TITLE	ŀ	8000024990		Addition	
NAME			5.2 NAME		-04/24/98010190 ***150.00	JUb		
STREET ADDRESS			5.3 STREET		华未奉子(1000g UE)			
CITY-ST-ZIP		T DOLCTE	5.4 CITY- S	T-ZIP		I Cherry	A delikira-	
TITLE		DELETÉ	6.1 TITLE			☐ Change	Addition	
NAME CTOCCT ADDRESS			6.2 NAME	1000000		DE.		
STREET ADDRESS			6.3 STREET			14	-23	
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		-7		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1=100 1 1 === 100