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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90061 007 \*\*\*150.00

## DOCUMENT # P93000013717

1. Corporation Name

CELLULA	AR SHOP CORPORATION	ı			(   BRIGHT   148   848   1511   8811   8811   8811   8811   8811	1 <b>4 1 1</b> 11 11 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	)
Principal Place	e of Business	i Mailing Address			I (##((##) (III   ##)))		1,411 1401 1001
121 S.E. 1ST STREET 370 NE 211TH ST					;		
505 N MIAMI BEACH FL 33179					DO NOT WRITE IN THIS	SPACE	
MIAMI BEACH FL 33131 US US					3. Date Incorporated or Qualifed		
00					02/24/1993		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
26					65-0457502	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22		27			3. 33.11.02.0	Fee Re	<del>`</del>
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00	
23		28	Caucta		Trust Fund Contribution	Added t	io rees
Zip	Country	Zip 29 30	Country	,	<ol> <li>This corporation owes the current year Interpretation.</li> <li>Personal Property Tax.</li> </ol>	angibie ∐Yes	□No
24	25 9. Name and Address of Cu		<u>اب</u>		10. Name and Address of New Registered		
	9. Name and Address of Co	Helit Registered Agent	81	Name	10.		
SCH	or, Luis				A		
370 NE 211TH ST			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
N MIAMI BEACH FL 33179			83				
			84	City	FL	85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: Re	egistered Age	nt signature rec	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	DRS IN 12
TITLE	P	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO GIT TOLING AN	Change	Addition
NAME	SCHOR, LUIS M.	- ;	1.2 NAME				
STREET ADDRESS	370 NE 211TH T.		1.3 STREE	TADORESS			
CITY-ST-ZIP	N MIAMI BEACH FL	•	1.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	-		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			- 1 cc
TITLE		☐ DELETE	3.1 TITLE		,	Change	Additio
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP				ST-ZIP 🚐		Change	☐ Additio
TITLE		☐ DELETE	4.1 TITLE			C. Cileniae	
NAME			4. 2 NAME	T ADDRESS			
STREET ADDRESS	)		4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE	71-ZIF		Change	Additio
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 C/TY-S	ST-ZIP			
TILE		☐ DELETE	6.1 TITLE	+		☐ Change	Additio
NAME	}		6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SICNATED REQUIRED SIGNING OFFICER OR DIRECTOR REQUIRED