

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 # **P93000029909 (7)**

1. Corporation Name

**BEEPER CENTER, INC.**



Principal Place of Business

16115 SW 117TH AVE.  
MIAMI FL 33177

Mailing Address

16115 SW 117TH AVE.  
MIAMI FL 33177

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

Zip

**26**

Country

**27**

City & State

**28**

Zip

**29**

Country

**30**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

City & State

**29**

City & State

**30**

City & State

3. Date Incorporated or Qualified

**04/22/1993**

3a. Date of Last Report

**04/17/1995**

4. FEI Number

**65-0405374**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees  
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

**NAVARRETE, FRANCISCO J**  
16115 SW 117TH AVE.  
MIAMI FL 33177

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

83

84 City

**FL** 85 Zip Code

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, 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 *Francisco J. Navarrete*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NAVARRETE, FRANCISCO J 12250 SW 198TH ST. MIAMI FL 33177	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DV NAVARRETE, FRANCISCO A 18443 SW 99TH PLACE MIAMI FL 33157	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
DT NAVARRETE, JOSE E 12250 SW 198TH ST. MIAMI FL 33177	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
DS GUZMAN, DAVID 9500 HOLIDAY RD. MIAMI FL 33157	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: *Francisco J. Navarrete*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/96*

*305-251-1202*

Daytime Phone #

CR2E034 (1295)