

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

FILED
Feb 23 1998 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P93000045222 (5)**

1. Corporation Name

M & A BEEPERS CORP.

Principal Place of Business

**10716 S.W. 24TH STREET
MIAMI FL 33165**

Mailing Address

**10716 S.W. 24TH STREET
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

65-0419404

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORONDAO, JAMMY
10716 S.W. 24TH ST
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

GUILLERMO ALVAREZ

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

10716 SW 24 ST

83

84 City

MIAMI

FL

85 Zip Code

33165

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

Guillermo Alvarez

(NOTE: Registered Agent signature required when reinstating)

DATE

02-02-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--------------------------------------------|
| TITLE | PSD | <input checked="" type="checkbox"/> DELETE |
| NAME | XCORONDAO JAMMYX | |
| STREET ADDRESS | X10716 S.W. 24TH STX | |
| CITY-ST-ZIP | XMIAMI FL 33165X | |

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | VP & X | <input checked="" type="checkbox"/> DELETE |
| NAME | XCASTILLO JORGE X | |
| STREET ADDRESS | 10716 S.W. 24TH ST | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|--------------------------|------------------------------------------------------------------------------|
| 11 TITLE | PSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | GUILLERMO ALVAREZ | |
| 13 STREET ADDRESS | 10716 SW 24TH ST | |
| 14 CITY-ST-ZIP | MIAMI FL 33165 | |

| | | |
|-------------------|--|-------------------------------------------------------------------|
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

| | | |
|-------------------|--|-------------------------------------------------------------------|
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |

| | | |
|-------------------|--|-------------------------------------------------------------------|
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |

| | | |
|-------------------|--|-------------------------------------------------------------------|
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |

| | | |
|-------------------|--|-------------------------------------------------------------------|
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-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.

SIGNATURE:

Guillermo Alvarez

02-02-98 (305) 229-1464

CR2E034 (10/97)