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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000056486 (2)

GO PAGING CO.

CHY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 9969 MIRAMAR PKWY 9969 MIRAMAR PKWY MIRAMAR FL 33025-2398 MIRAMAR FL 33025 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1993 01/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 64-0430597 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 Name SANCHEZ, GEORGE 15605 NW 37 CT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 83 84 City 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 Signature: typed or prededicable of registered againt and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition THLE 1.1 TITLE SANCHEZ, GEORGE 1.2 NAME NAME 15605 NW 37 CT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33054 1.4 CITY - ST-ZIP CHY-ST-ZIE D DELETE Change Addition 2.1 TITLE TITLE SANCHEZ, OSCAR 2.2 NAME MAME 15605 NW 37 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33054 2.4 CITY-ST-ZIP CITY-ST-76 Change Addition ☐ DELETE 31 TITLE THILE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. City-St-ZiP -CITY - ST - ZIP Change Addition DELETE 4.1 TITLE 1016 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP Dity-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

GEORGE SANCHEZ

14. Ldo 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.