

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gonzalo B. Moura
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067016 (4)

1. Corporation Name

CELLULAR SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

6840 S.W. 40TH ST.
SUITE 205
MIAMI FL 33155

Mailing Address

6840 S.W. 40TH ST.
SUITE 205
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0438365

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

6840 S.W. 40th ST.

Suite, Apt., etc.

22

205

Suite, Apt., etc.

27

205

City & State

Miami, FL

23

City & State

Miami FL

28

Zip

33155

24

Country

USA

25

Zip

33155

29

Country

U.S.A.

30

9. Name and Address of Current Registered Agent

SOSA, GONZALO

6840 S.W. 40TH STREET

SUITE 205

MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASTRO, JOSEPH
14411 SW 115TH TERR
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GONZALO, SOSA
10453 S.W. 99 TERR
MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reported 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

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature (Typed)