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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \*\* DIVISION OF CORPORATIONS

## DOCUMENT # P93000078744 (8)

MOBILECELL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 02 1997 8:00am Secretary of State



701 BRICKELL AVE SUITE 1200 MIAMI FL 33131		701 BRICKELL AVE SUITE 1200 MIAMI FL 33131-2851			3. Date incorporated or C	ualified	3a. Date of I		port
				····	11/08/1993		02/06/19		
	GABLES BLVD	2a. Mailing Address			4. FEI Number		1	-+-	plied For
21 5 4	and the second contracts		me	<u> </u>	65-0452079				Applicable
22 Suite Apr 1	uite, Apt #, etc Suite, Apt #, etc 27			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
23 Hr. L	210 BROALS FW 28 City & State			Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees		
<sup>Zip</sup> タク	Coupry	Zip	Country		8. This corporation has lia	bility for in	tangibl <u>e t</u> ax ur	nder s.	199.032,
24 335	25 Droward		30	,	Florida Statutes		Yes No		
	9. Name and Address of Current	Registered Agent	81	None	10. Name and Address of	New Reg	istered Agent	<u>-</u>	
701 (	itello, louis r Brickell ave		82	Street Add	RDL/NA 14 ress (P.O. Box Number is Not	OLA!			
	E 1200 N FL 33131		83	<u> 54</u>	GABLES	BL	VD.		
•			84	14/1	U. DEPAN 5		FL 85	Zip C	ode 4
11. Porsuant to	o the provisions of Sections 107.0502	and 607,1508, Florida Statute	s, the above	e-named corr	poration submits this statement	t for the pu		aina its	registered
aj-ent Lar SIGNATURE	egistured ager or heth, hith: State on farmear with, lange floods the obligat	ons of, Section 607.0505, Flor	rida Statutes	i. '	tion's board of directors. I here	by accept	the appointme	ent as r	egistered
12.	OFFICERS AND		13,	ik bigria die regai	ADDITIONS/CHANGES	TO OFFICE		CTOR	3 IN 12
384.6	DPTS DELETE		1.1 TITLE					hange	Addition
NAME	HOLAN, CAROLINA				•	^		•	
STREET ADDRESS	701 BRICKELL AVE SUITE 1200		1.2 NAME 1.3 STREET	ADDRESS V	r4 Gobles	BLV	Ď.		
C-1Y - S1 - ZIP	MIAMI FL 33131		1.4 CITY-S		A. LOUABON	W =	U 3	22	26
THE		DELETE	2.1 TITLE				C	hange	Addition
NAME			2.2 NAME					-	
STREET ADDRESS			2 3 STREET	ADDRESS					
CHY-51-702			2. 4 CITY-S	T-ZIP		* :			
TITLE		DELETE	3 1 TITLE		<del></del>		☐ CI	hange	Addition
NAME			3.2 NAME						
STREET ACCORNESS			3 3 STREET	ADDRESS					
Citr-S 7P			3 4. CITY - S	ST - ZIP					
1016		DELETE	4 1 TITLE			····	☐ Cr	hange	Addition
h-Ms			4. 2 NAME						
STREET ADDRESS.			4.3 STREET	ADDRESS					
CITY - \$1 - 70°			4 4 CITY-S	I - ZIP					
THILE		DELETE	5.1 TITLE			***************************************	Cr	hange	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	•				
CHY - \$1 - 70°			5.4 CITY-S	1 - 210 -					
1 };+		DELETE 611					☐ CI	hange	☐ Addition
NAME:			62 NAME						
STREET ADDRESS		•	6.3 STREET	ADDRESS					
CCTY - ST - 7IP			6.4 CITY - S	1 - ZIP					
14. Edo hereb	y certify that the information supplied	with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florid	a Statutes.	I further certif	y that t	he
niomalión Lara an off appears in	n indicated on this annual report or su lice; or director of the corporation or t Block 12 or Block 13 if changed or t	ppiemental aumust report is tru he receiver of trustee empowe on all attachment with an add	ue and accu pred to exec	rate and that ute this repor	rmy signature shall have the s rt as required by Chapter 607,	ame legal Florida Sta	eriect as if ma- atutes; and tha	ide und at my ni	er oath; that ame

SIGNATURE: