

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

FILED  
Jan 22 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 # P94000003176 (2)

1. Corporation Name

SOUTH DADE BEEPERS, INC.

Principal Place of Business

20279 OLD CUTLER ROAD  
MIAMI FL 33189

Mailing Address

20279 OLD CUTLER ROAD  
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1994

4. FEI Number

65-0461085

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RIVERA, CARLOS M  
12481 S.W. 250 TERRACE  
MIAMI FL 33032

10. Name and Address of New Registered Agent

81 Name RIVERA CARLOS M.

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

21368 SW 92 AVE.

83

84 City MIAMI

FL

85 Zip Code 33189

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 D  
NAME RIVERA, CARLOS M  
STREET ADDRESS 12481 S.W. 250 TERRACE  
CITY-ST-ZIP MIAMI FL 33032

☐ DELETE

TITLE D  
NAME RIVERA, MIRIAM  
STREET ADDRESS 12481 S.W. 250 TERRACE  
CITY-ST-ZIP MIAMI FL 33032

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE RIVERA CARLOS M.  
12 NAME  
13 STREET ADDRESS 21368 SW 92 AVE.  
14 CITY-ST-ZIP MIAMI, FLA. 33189-3820

☒ Change ☐ Addition

21 TITLE RIVERA, MIRIAM  
22 NAME  
23 STREET ADDRESS 21368 SW 92 AVE.  
24 CITY-ST-ZIP MIAMI, FLA. 33189-3820

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE

*Carlos M. Rivera*

1/13/98 (305) 238-7552

CR2E034 (10/97)