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PROFIT CORPORATION ANNUAL REPORT

1997

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May 08 1997 8:00am

Secretary of State

0236197

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P94000014734 (5)

PLANET CELLULAR CORPORATION

Principal Place of Business Mailing Address 13180 SW 18TH TERRACE 13180 SW 18TH TERRACE MIAMI FL 33175 MIAMI FL 33175-1358 3. Date Incorporated or Qualified Sa. Date of Last Report 02/23/1994 08/12/1996 4. FEI Number Applied For 65-0472010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agen Name and Address of New Registered Agent ESPOSITO, GEORGINA 81 Name 13180 S.W. 18TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33165 83 84 City 85 Zip Code 11. Fursuant 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. Signal ire, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. PDC Addition DELETE Change TITLE 1.1 TITLE EXPOSITO, GEORGINA 1.2 NAME NAME 13180 SW 18TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CiTY - ST - 7IF VMT DELETE Change Addition Addition THUE 2.1 TITLE EXPOSITO, JUAN-CARLOS 22 NAME NAME 13180 SW 18TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY - ST- 2IP CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAM! 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY - \$1 - 2IF DELETE Change ☐ Addition TI"LF 5.1 TITLE 52 NAME STREET ADDRESS 5.9 STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - 201 DELETE 6.1 TITLE Change Addition Tot.E 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP 14. I do 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 inclinated on this annual report of 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