

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -1 AM 11: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031435 (8)

1. Corporation Name

DETROIT WIRELESS, INC.

Principal Place of Business

2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

Mailing Address

2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LERNER, ALLAN M
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

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 names of registered agent and filer if applicable

2431E. Registered Agent Signature required when appointing

(88)

12. OFFICERS AND DIRECTORS

101

NAME

STREET ADDRESS

CITY ST ZIP

PRES./OWNER
MARK SILBERMAN
1801 AVE OF THE STARS #640
LOS ANGELES, CA 90067

102

NAME

STREET ADDRESS

CITY ST ZIP

103

NAME

STREET ADDRESS

CITY ST ZIP

104

NAME

STREET ADDRESS

CITY ST ZIP

105

NAME

STREET ADDRESS

CITY ST ZIP

106

NAME

STREET ADDRESS

CITY ST ZIP

107

NAME

STREET ADDRESS

CITY ST ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mark Silberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-95

310-552-7910