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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000034514 (7)

1. Corporation Name
AMERICAN CELLULAR SERVICE, INC.

Principal Place of Business	Mailing Address
16115 SW 117 AVE. STE. 25 MIAMI FL 33177	16115 SW 117 AVE. STE. 25 MIAMI FL 33177-1614

3. Date Incorporated or Qualified: 05/06/1994	3a. Date of Last Report: 11/18/1996
4. FEI Number: 65-0492851	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ABERCROMBIE, W. WRAY
16115 SW 117 AVE.
STE. 25
MIAMI FL 33177

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 _____ DATE
Signature, typed or printed name of registered agent and the title of officer, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOODKIN, IVAN		1.2 NAME		
STREET ADDRESS	16508 NE 27 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33160-4051		1.4 CITY-ST-ZIP		
TITLE	P D	☐ DELETE	2.1 TITLE	P D	☒ Change ☐ Addition
NAME	ABERCROMBIE, W. WRAY		2.2 NAME		
STREET ADDRESS	17431 S.W. 93RD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157-5712		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REARDON, ERIC		3.2 NAME		
STREET ADDRESS	7701 SW 55TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143-5737		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODKIN, IVAN		4.2 NAME		
STREET ADDRESS	16508 N.E. 27TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOODKIN, JERI D		5.2 NAME		
STREET ADDRESS	7701 SW 55TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRATOS, ALEXANDER		6.2 NAME		
STREET ADDRESS	16508 NE 27TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 _____ 4/28/97 305 253 8713