

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Pamela B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035517 (9)

1. Corporation Name

CELL PLUS BEEPER & CELLULAR, INC.

Principal Place of Business

13319 S.W. 42ND ST.
MIAMI FL 33175

Mailing Address

13319 S.W. 42ND ST.
MIAMI FL 33175



2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
05/11/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0489185

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

10. Name and Address of New Registered Agent

81 Name
DARLI VELAZQUEZ
82 Street Address, P.O. Box Number, or Registered Office
12971 S.W. 17 TERRACE
83 City
Miami
84 City
Miami
85 Zip Code
FL 33175

9. Name and Address of Current Registered Agent
GONZALEZ, JOSE J
10441 S.W. 66 ST.
MIAMI FL 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☒ DELETE
NAME	GONZALEZ, JOSE J	
STREET ADDRESS	10441 S.W. 66TH ST.	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE	SVD	☐ DELETE
NAME	VELAZQUEZ, DARLI	
STREET ADDRESS	12971 S.W. 17TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33175	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

1. TITLE	P/D	☐ Change ☐ Addition
2. NAME	DARLI VELAZQUEZ	
3. STREET ADDRESS	12971 S.W. 17th Terrace	
4. CITY- ST- ZIP	Miami, Fla 33175	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		☐ Change ☐ Addition
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		☐ Change ☐ Addition

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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

CR2E034 (12/95)