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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90020 045 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047502

1. Corporation Name

ARC WIRELESS SERVICES CORP.

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Principal Plac	ce of Business	Mailing Address			1 10011001 HD (DIN BIBH SBIR SPIN SPIN SPIN SPIN S		10/10 trat 106:
16500 N.W. 52ND AVE 16500 N.W. 52ND AVE.							
MIAMI FL MIAMI FL			•	DO NOT WEITE IN THE OPING			
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 06/23/1994		
2. Principal P	Place of Business	2a. Mailing Address	 		4. FEI Number	T Ap	plied For
21	• • •	26			65-0505191	· + -	ot Applicable
Suite, Apt.	#, etc:	Suite, Apt. #, etc.				\$8.75	
22	,	27			5. Certifcate of Status Desired	Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added 1	- 1
Zip	Country	Zip	Country	y	8. This corporation owes the current year Inta	angible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
	3 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2		81	Name			
	AR, BRUCE E	•	82	Stroot Addr	rece (D.O. Boy Number is Not Acceptable)	 	
	1 COLLINS AVE	•	02	Street Addi-	ress (P.O. Box Number is Not Acceptable)	r residence a	این بهه عرفه د
STE			83	i l.		er leight	1 90
MIAI	MI BEACH FL 33140		L	<u> </u>		<u>集 注题类型</u>	
		•	84	City	FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.0507	2 and 607.1508, Florida Statute	l es. the abov	<u> </u> /e-named corp	oration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State of the familiar with, and accept the obligate	of Florida. Such change was at	uthorized by	the corporation	on's board of directors. I hereby accept the appoin	tment as re	gistered
Ť	m familiar with, and accept the obligat	lions or, Section our vous, Fior	nda Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age	nt signature requirer	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE		A STATE OF THE STA	Change	☐ Addition
NAME	KUDEVIZ, MICHAEL	•	4.2.11445	ı			_
STREET ADDRESS	16500 NW 52ND AVENUE		1.2 NAME	ł			_
CITY-ST-ZIP	MIAMI FL			TADDRESS .	en de la companya de La companya de la co		_
TITLE			1.3 STREE			4	_
	VP	☐ DELETE				Change	Addition
NAME	VP	☐ DELETE	1.3 STREE 1.4 CITY+S 2.1 TITLE			Change	☐ Addition
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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 suppliemental 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 endinger, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP **

305-621-6000