FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055611 (5)

1. Corporation Name
IDEAS WHOLESALE CELLULAR USA, INC.

Principal Place of Business	Mailing Address
~~3100 NW 72ND AVENUE STE. 123 MIAMI FL 33122~~	~~3100 NW 72ND AVENUE STE. 123 MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 755 N.W. 72 Avenue	2a. Mailing Address 26: 755 NW 72 Avenue
Suite, Apt. #, etc. 22: #33	Suite, Apt. #, etc. 27: #33
City & State 23: Miami, Florida	City & State 28: Miami, Fla.
Zip 24: 33126 Country 25: USA	Zip 29: 33126 Country 30: USA.

4. FEI Number: 65-0410811 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, JOSE M
9466 NW 54TH DORAL CIRCLE LANE
MIAMI FL 33178

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TARRAU, GABRIEL	12 NAME	
STREET ADDRESS	251 CRANDON BLVD. STE. 525	13 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL 33128	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RESTREPO, JUAN F	22 NAME	
STREET ADDRESS	9772 NW 46TH TERRACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33178	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE M	32 NAME	
STREET ADDRESS	9466 NW 54TH DORAL CIRCLE LANE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33178	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: Jose Miguel Garcia — May 30/95 — (305) 265-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110904 CP