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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:53

DOCUMENT # **P94000057433 (2)**

1. Corporation Name
CELLSOUTH, INC.

Principal Place of Business	Mailing Address
2261 PONCE DE LEON BLVD. CORAL GABLES FL 33134	2261 PONCE DE LEON BLVD. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Cellsouth
Suite, Apt #, etc.
22 2261 Ponce de Leon
City & State
23 Coral Gables FL 33134
Zip 24 | County 25

2a. Mailing Address
26 same
Suite, Apt #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: 65-0509262 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has taxable, for intangible tax under § 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MANRIQUE, MARIO
14361 S.W. 157TH ST.
MIAMI, FL 33177

10. Name and Address of New Registered Agent

81 Name: Giovanna López-Ruiz
82 Street Address (P.O. Box Number is Not Acceptable)
83 14361 SW 157 ST.
84 City: MIAMI FL. 85 Zip Code: FL 33177

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: Giovanna López-Ruiz — 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	PRESIDENT	11 TITLE	Secretary	☐ Change ☑ Addition
NAME	Giovanna López-Ruiz	12 NAME	Giovanna López-Ruiz	
STREET ADDRESS	14361 SW 157 ST.	13 STREET ADDRESS		
CITY ST ZIP	Miami FL. 33177	14 CITY ST ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	REMITTED BY MAY 1	
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)(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: Giovanna López-Ruiz — 1-14-95 — 4480700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136004 CP