

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUL 22 AM 8:49

DOCUMENT # P94000092272 (1)

1. Corporation Name

FLORIDA CELLULAR RENTAL, INC.

Principal Place of Business

3380 N 28 TERR
MIAMI FL 33020

Hollywood

Mailing Address

3380 N 28 TERR
MIAMI FL 33020

Hollywood,

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 3380 N 28 Ter

2a. Mailing Address

26 3380 N 28 Ter

4. FEI Number

65-0548407

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Hollywood, FL

City & State

27 Hollywood, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33020

Country

25 USA

Zip

29 33020

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWERDLOW, RICHARD
3380 N 28 TERR
MIAMI FL 33020

10. Name and Address of New Registered Agent

81 Name Swerdlow Richard

82 Street Address (P.O. Box Number is Not Acceptable)
3380 N 28 Ter

83

84 City Hollywood

FL

85 Zip Code 33020

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 607.0503, Florida Statutes.

SIGNATURE

Signature of officer or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME SWERDLOW, RICHARD
STREET ADDRESS 3380 N 28 TERR
CITY - ST - ZIP MIAMI FL 33020

TITLE D
NAME LINK, ANDRES
STREET ADDRESS 3380 N 28 TERR
CITY - ST - ZIP MIAMI FL 33020

TITLE D
NAME DE GLAZZARRA, JOHN
STREET ADDRESS 200 S PARK RD
CITY - ST - ZIP HOLLYWOOD FL 33020

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE D Swerdlow Richard ☒ Change ☐ Addition
1 2 NAME Swerdlow Richard
1 3 STREET ADDRESS 3380 N 28 Terrace
1 4 CITY - ST - ZIP Hollywood, FL 33020

2 1 TITLE D Link, Andres ☒ Change ☐ Addition
2 2 NAME Link, Andres
2 3 STREET ADDRESS 3380 N 28 Terrace
2 4 CITY - ST - ZIP Hollywood, FL 33020

3 1 TITLE D De Glazarra, John ☒ Change ☐ Addition
3 2 NAME De Glazarra, John
3 3 STREET ADDRESS 200 S Park Rd
3 4 CITY - ST - ZIP Hollywood, FL 33020

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

This

(Type or Print Name)