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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996 DIVISION OF CORPORATIONS									
DOCUM	IENT # P9500	0010998 (9	9)							
•	Y PAGING COMMUNICATI	ONS. INC.								
0. 225										
Principal Place of Business Mailing Address						· ·			10301 BAIH 16 <del>3</del> 1	
2012 0.111. 10 0.111.			S.W. 40 STREET							
MIAMI FL 331	55	MIAMI FL 33155				3. Date Incorporated or Qualified 3:	a. Date of La	el Ron	vort	1
						02/06/1995	a. Date of th	Striej.	.ort	
2. Principal Plac	ce of Business	2a. Mailing Address				4, EEI Number			oplied For	
1 0 1 1 1		Suite, Apt. #, etc.				65-0558135	\$2		nt Applicable Additional	-}
Suite, Apt. #,	, etc.	27				5. Certificate of Status Desired			equired	_
City & State		City & State				6. Election Campaign Financing			May Be to Fees	
<b>Z</b> ip	Country	7 <sub>IP</sub>	Cou	intry		Trust Fund Contribution  8. This corporation has liability for inter				1
4	25	29	30	,		Florida Statutes	-	,		
	g. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Regis	stered Agen			-
OUADIN	↑ D4T					dress (P.O. Box Number is Not Acceptable)				
GUARINO 8518 S.V	V. 40 STREET			82	Street Add	gress trice box Northerns New Acceptance				
MIAMI FI				83						
				84	City		FL 85	Zip	Code	
11. Pursuant to or registere familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flor and accept the obligations of, Sec	2 and 607.1508, Florida Statul da. Such change was authore tion 607.0505, Florida Statute:	tes, the abo zed by the os.	corpc corpc	anied corpo ration's bo	oration submits this statement for the purpos and of directors. Thereby accept the appoint		its reg lered a	gistered office agent. Lam	
SIGNATURE _			. At a		, .		DATE			
12.	Signature, typed or printed name of registered appr OFFICERS AN	t and title if applicable (N ID DIRECTORS	13.	I Agent	Signal, hi, he par	ADDITIONS/CHANGES TO OFFICE		CTOF	RS IN 12	∃%
TITLE	DPT	DELETE	1. 1 T	1. 1 TITLE			Ch;	angè	Addition Addition	CR2E034 (12/95)
NAME	GUARINO, PAT			1.2 NAME						8
STREET ADDRESS CITY-ST-ZIP	6285 SW 35 ST. MIAMI FL 33155			1.3 STREET ADDRESS 1.4 C/TY - S1 - Z/P						13E
TITLE	DVS	DELETE		2 1 TITLE			☐ Ch	ange	Addition	ᅙ
NAME	GUARINO, MARGARITA			2.2 NAME						
STREET ADDRESS	6285 SW 35 ST.			2.3 STHEET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33155	DELETE		2 4 CHY- ST- ZIP			☐ Ch	ange	Addition	1
NAME			3 2 NAME							
STREET ADDRESS					ADORESS					
CITY-ST-ZIP TITLE		☐ DELETE		3 4 CHY - ST - ZIP 4. 1 TITLE				ar ge	Addition	
NAME		<del></del>	4 2 N	4 2 NAME						
STREET ADDRESS			435	TREET	ADDRESS					
CITY-ST-ZIP	☐ DELETE			4.4 CHY+S1-2IP 5.1 TB4E			☐ Ch	ange	Addition	╣
TITLE NAME		Сти	5 2 NAME						<b>G</b>	
STREET ADDRESS					ADDRESS					
CITY-S1-ZIP				CITY S	1 - ZIP				☐ Addition	
TITLE		☐ DELETE	6 1 TITLE 62 NAME				☐ Ch	анув	☐ Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS							
CITY_ST_7IP			640	DITY-S	1 - 212				12 2	
certify that oath; that I	the information indicated on this co.	nuat report or supplemental an loration or the receiver or trust	inual report lee empowe	IC TIL	കൊവി മറവ	y for the exemption stated in Section 119.07 trate and that my signature shall have the sa this report as required by Chapter 607, Florid	THE RECEIPTION	L a5 11	HIGGG UTDG	
SIGNAT	/1	MACO - MA		<b>≠</b> cton	GUARI	ino 3/20/96	305 -	<b>220</b> Priorié <b>*</b>	) - 45GG	•