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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044763 (7)

MIAMI BEEPERMANIA, INC.

14. I do hereby certify that the infor

information indicated on thi

Principal Place of Business Mailing Address 204 S.W. 107TH AVENUE 204 S.W. 107TH AVENUE MIAMI FL 33152 MIAMI FL 33174-1420 3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1995 12/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 65-0597486 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEIL, DANIEL M 3165 WEST 4TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 84 Zip Code 502 and 607 1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered its of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment its registered ligar of the section 607.6505, Fig. ida Statutes 11. Pursuant to the provisions of Sections 607. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change ___ Addition TITLE 1.1 TITLE HERRERA, ADALBERTO 1.2 NAME NAME 200-A S.W. 107TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2: 14111 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 DHY-ST-ZIP DELF1E Change Addition TITLE 3:100 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP DELETE Change Addition TITLE 4 1 11111 NAME 4 2 NAME 4.9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CI1Y - \$1 - ZIP DELETE Change ■ Addition TITLE 5.1 THEF NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP 🔲 DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the

licimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name