SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 AUG 29 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001598247
-08/30/96--01007--003
****375.00 ****375.00

DOCUMENT # P95000046761 (9)

1. Corporation Name
A & H BEEPER & CELLULAR ACCESSORIES, INC.

Principal Place of Business: ~~8964 STATE RD 84 DAVIE FL 33324~~

Mailing Address: ~~8964 STATE RD 84 DAVIE FL 33324~~

3. Date Incorporated or Qualified: **06/12/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 A & H Beepers
Suite, Apt #, etc.
22 766 Riverside Dr.
City & State
23 Coral Springs, FL
Zip 24 33071 Country 25 USA

2a. Mailing Address
26 A&H Beepers
Suite, Apt #, etc.
27 766 Riverside Dr.
City & State
28 Coral Springs, FL
Zip 29 33071 Country 30 USA

4. FEI Number: 65-0591446 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
~~SALCEDO, JOANN~~
~~8964 STATE RD 84~~
~~DAVIE FL 33324~~

10. **Name and Address of New Registered Agent**
81 Name: Suhad Ali
82 Street Address (P.O. Box Number is Not Acceptable)
83 766 Riverside Dr.
84 City: Coral Springs **FL** 85 Zip Code: 33071

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: [signature] Suhad Ali - President DATE: 8/16/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Suhad Ali	
1.3 STREET ADDRESS	766 Riverside Dr	
1.4 CITY - ST - ZIP	Coral Springs, FL 33071	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Helene Qjoma	
2.3 STREET ADDRESS	766 Riverside Dr.	
2.4 CITY - ST - ZIP	Coral Springs, FL 33071	
3.1 TITLE	Secretary	☐ Change ☒ Addition
3.2 NAME	Ronald Qjoma	
3.3 STREET ADDRESS	766 Riverside Dr.	
3.4 CITY - ST - ZIP	Coral Springs, FL 33071	
4.1 TITLE	Treasurer	☐ Change ☒ Addition
4.2 NAME	Sadiq Ali	
4.3 STREET ADDRESS	766 Riverside Dr.	
4.4 CITY - ST - ZIP	Coral Springs, FL 33071	
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		

SB 8/29

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Ronald Qjoma, Secretary 8/16/96 954-753-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)