FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500066046 (0)

SPEAK OUT CELLULAR, INC.

FILED May 19 1997 8:00am Secretary of State



P. C. C. Die G. D. C.						M B M	
Principal Place of Business Mailing Address						***** ***** ***** ***** ***** *****	,,,,,
1224 S.E. BTH Deerfield be	i street Each Fl 33441	1224 S.E. 8TH STREET DEERFIELD BEACH FL 3	33441-5871				
					3. Date Incorporated or Qualified 08/24/1995	3a. Date of Last Repor 05/31/1996	1
			Address		4. FEI Number		d For
21		26		65-0615049 Not Appl		plicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip Cou		ntry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Reg	Islered Agent	
	rcia, jose m			81 Name			
	2 NW 72ND AVE		ļ	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
MIA	IMI FL 33122		ļ	83			
				03			
,]	84 City		FL 85 Zip Code	į
 Pursuant office or r agent. I a 	to the provisions of Sections 607.0503 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statt of Florida. Such change was ations of, Section 607.0505, F	utes, the ab authorized Iorida State	ove-named co I by the corpor utes.	rporation submits this statement for the pu alion's board of directors. I hereby accept	rpose of changing its reg the appointment as regit	jistered stered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NC	DIL Registered	Agent a gnature rec	Lited when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		12
TITLE	DP	DELETE	1.1 111	LE			Addition
NAME	VANON, YOSSI		1.2 NA	ME			
STREET ADDRESS	1224 S.E. 8TH STREET		1.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 0(1	Y - S1 - ZIP			
TITLE	DTS	DELETE	2.130	LE		☐ Change ☐	Addition
NAME	GARCIA, JOSE M		2.2 NA	ME.			i
STREET ADDRESS	3272 NW 72ND AVE		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122			1Y-S1-ZIP			1
TITLE		☐ DELETE	3.1 TIT			Change [Addition
NAME			3.2 NA	l l			- [
STREET ADDRESS	†			REE1 ADDRESS			
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Change	Addition
TITLE		L) buch	4.1 TIT			Li Change L	, AUUIIIUIT
NAME			4 2 N/				
STREET ADDRESS			1	REET ADDRESS			
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NAME		E PARTE	5.2 NA	1		onongo	,
STREET ADDRESS				REF1 ADDRESS			
				Y-SI-ZIP			
CITY-ST-ZIP		DELETE	6.1 111			Change	Addition
NAME .			6.2-NA			C., Stronge	,
STREET ADDRESS				REEL ADDRESS			
CITY-ST-ZIP				Y - \$1 - ZIP			
0111-01-517	l		0.9 61	1-01-511.			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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4/16/97/04/7