

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
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DOCUMENT # **P95000072997 (6)**

1. Corporation Name

NORTH AMERICAN MOBILE SYSTEMS (FLA), INC.



Principal Place of Business

Mailing Address

**18805 NORTHWEST 89TH COURT
MIAMI FL 33015**

**18805 NORTHWEST 89TH COURT
MIAMI FL 33015**

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 8280 N.W. 27th STREET	26 8280 N.W. 27th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 516	27 SUITE 516
City & State	City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
Zip	Zip
24 33122	29 33122
Country	Country
25	30

4. FEI Number
65-0644137

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

10. Name and Address of New Registered Agent

**GONZALEZ, JOAQUIN
18805 NORTHWEST 89TH COURT
MIAMI FL 33015**

81 Name **JOAQUIN E. GONZALEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
18805 N.W. 89th COURT

83

84 City **MIAMI**

FL 85 Zip Code
33122

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	PRESIDENT
STREET ADDRESS		13 STREET ADDRESS	THOMAS CROWLEY
CITY-ST-ZIP		14 CITY-ST-ZIP	37-03 Woodside Ave.
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	VICE-PRESIDENT
STREET ADDRESS		23 STREET ADDRESS	JOAQUIN E. GONZALEZ
CITY-ST-ZIP		24 CITY-ST-ZIP	18805 N.W. 89th COURT
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

 **JOAQUIN GONZALEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96 (305) 718-4028

Date

Signature Phone #

CR2E034 (3/96)