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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 OCHMENT #

FILED Apr 01 1998 8:00am Secretary of State

	ELL COMMUNICATION W	HOLESALERS, INC.)) (1 1 1 1 1 1 1 1 1 1 	114 1482 48181 11881 81111 8411 8	14:
Principal Plac	ce of Business	Mailing Address			n 1860 (1860) esti nimun delise 2019 (1861) 1880 (1861)	iit (BBA) jacan (164) Bifu Aidi Aidi ii) []
7370 NW 36 STREET 1040 NE 196 STREET				1	•		
SUITE 376 NORTH MIAMI BEAVH FL 33179 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE		
MINMITES	3100			<u> </u>	3. Date Incorporated or Qualified	FIIS SPACE	 -
					10/09/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied F	or
21 73 13	2 West ZO Ave	26 7312 We	st 20th A	ve	65-0611038	Not Appli	
Sulte, Apt.	MI-FLA.	Suite, Apt. #, etc. 27 M/AM/-		I	5. Certificate of Status Desired	\$8.75 Addition Fee Required	al
City & State	016	City & State 33016		•	Election Campaign Financing Trust Fund Contribution	\$5.00 May B	
Zip	Country	Zip	Country		8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent		10	Name and Address of New Register	red Agent	
	OLUNEDO, MARLENE		81 Name				
	170 NW 36ST JITE 325-A		82 Street	Address	(P.O. Box Number is Not Acceptable)		$\neg \neg$
		83					
Mi	AMI FL 33166		63				
			84 City			FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat ut	es, the above-named	corporati	ion submits this statement for the purpo	se of changing its regist	ered
agent. La	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was a igations of, Section 607.05 05 , Fk	authorized by the corp orida Statutes.	poration's	ion submits this statement for the purpose board of directors. I hereby accept the	appointment as register	ed
SIGNATURE							
12.	Signature, typed or printed name of registered a		F Registered Agent signature	required wh			
TITLE	DEFICERS A	ND DIRECTORS DELETE	13.	00.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
NAME	MOLLINEDO, MARLENE		1.2 NAME	Wal.	INCO MARIENE	L Glange L AO	uluoli
STREET ADDRESS	7370 NW 36 STREET SUTIL	E 325-A	1,3 STREET ADDRESS	73/	INEDO MARIENE 2 West 20 5 AUE.		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIA	MI. FL. 33016		
TITLE		DELETE	2.1 TITLE	 		☐ Change ☐ Ad	dition
NAME			2.2 NAME			• ==	
STREET ADDRESS			2.3 STREET ADDRESS	<u> </u>			ı
CUTY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change Ad	dition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP		Detite	3.4. CITY - ST - ZIP				
TITLE NAME		☐ DELETE	4.1 TITLE			Change Ad	lition
STREET ADDRESS			4. 2 NAME				
CITY-ST-ZIP			4.3 STREET ADDRESS				
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change Ad	dition
NAME			5.2 NAME			Per Averige Til Vill	2,110(1)
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	····		☐ Change ☐ Add	dition
NAME			6.2 NAME			, _ ·	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	ertify that the information supplied	with this filing does not qualify for	or the exemption state	d in Secti	ion 119.07(3)(i), Florida Statutes, I furthe	r certify that the informa	tion

indicated on this annual report or supplied with this limit boes not quality for the exemption stated in Section 119.0 (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 eath; 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.