

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089868 (0)

1. Corporation Name

CHEAPER BEEPERS USA II INC.

FILED

96 DEC 20 PM 2: 06



Principal Place of Business

750 E SAMPLE BLDG 4, BAY 4
POMPANO BEACH FL 33064

Mailing Address

750 E SAMPLE BLDG 4, BAY 4
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 2560 NORTH UNIVERSITY DR.

2a. Mailing Address

28 2560 NORTH UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SUNRISE, FLORIDA

27 City & State

28 SUNRISE, FLORIDA

24 Zip

33322

25 Country

29 Zip

33322

30 Country

4. FEI Number

65-0644792

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

6. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADO, JOSE A
750 E SAMPLE BLDG 4, BAY 4
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2560 NORTH UNIVERSITY DR.

83

84 City

SUNRISE

FL

85 Zip Code

33322

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)

03-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME DELGADO, JOSE A

STREET ADDRESS 3901 N. 40 AVE.

CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE PVT ☒ DELETE

NAME DELGADO, JOSE A

STREET ADDRESS 3901 N. 40 AVE.

CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE VPT ☐ DELETE

NAME MITCHELL, CAROLYN

STREET ADDRESS 2560 NORTH UNIVERSITY DRIVE

CITY - ST - ZIP SUNRISE, FL 33322

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 DPS ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

600002040936--7

-12/30/96--01033--003

***225.00 ☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VP/T

MITCHELL, CAROLYN

2560 NORTH UNIVERSITY DRIVE

SUNRISE, FL 33322

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

600002040936--7

-12/30/96--01033--004

***150.00 ☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REINSTATEMENT 9/6

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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. DELGADO - President

3-20-96

DATE

748-3384

DAYTIME PHONE

0438701-1P

CR2E034 (12/95)