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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091630 (0)

BEST BEEPERMANIA, INC.

Principal Place of Business

Mailing Address

FILED May 18 1998 8:00am Secretary of State



4242 WEST 16TH AVENUE HIALEAH FL 33012		4242 WEST 16TH AVENUE HIALEAH FL 33012			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified 12/01/1995		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	1	Applied For
21		26			65-0630578	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional		
22		27			5. Certificate of Status Desired	Fee F	Required
City & State		City & State			8. Election Campaign Financing	\$5.0	D May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid the	e current vear le	nlangible
24	25	29	30		Personal Property Tax due June 30.	Yes	□Ño
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registe	red Agent	
KF	EIL. DANIEL M ESQ.		8	1 Name			
	65 WEST 4TH AVENUE			Chrost Add	decon (D.O. Flau Number in Net Assentable)		
HIALEAH FL 33012			8:	Street Add	dress (P.O. Box Number is Not Acceptable)		
119	TELEVITE GOVIE		8	3			
			<u> </u>				
			84	4 City	· · ·	85 Zig	Code Code
44 Discussions	to the provisions of Spatiana 607	0E02 and 607 1509 Florida Stat	uton the obe	io nomad ass	rporation submits this statement for the purpo		ite registered
office or r	registered agent, or both, in the S	State of Florida. Such change was	s authorized b	by the corpora	ation's board of directors. I hereby accept the	se or changing appointment a	is registered
agent. I a	m familiar with, and accept the o	obligations of, Section 607.0505, l	Florida Statute	es.	•	••	
SIGNATURE							
	Signature, typed or printed hanve of registers			gent signature requ	uired when reinstating) DA		
12.	PD	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	, , _	DELETE	1.1 THILE	3	TUAN VAZQUEZ.	Change	ADUITION
NAME	VAZQUEZ, JOSE R		1.2 NAME		1.140 S.W. 145TV		
STREET ADDRESS	3540 SW 14 ST		1.3 S REI	ET ADDRESS	TVAN VAZQUEZ. 1540 S.W. 1457; Yinni-FC.		
CITY-ST-ZIP	MIAMI FL		1.4 C-TY-	ST-ZIP	GIAMI-FC.		
TITLE		☐ DELETE	2 1 TITLE	j	•	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2 3 S FREE	T ADDRESS	•		
CITY-ST-ZIP			2 4 CITY	- ST - ZIP			
TITLE		DELETE	3 1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	:]			ļ
STREET ADDRESS			3 3 STREE	T ADDRESS			İ
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
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NAME			4. 2 NAM	E		_	
STREET ADDRESS			8	T ADDRESS			1
CITY-ST-ZIP			4.4 CITY -				
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NAME		_	5.2 NAME	. [
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP							
TITLE		DELETE	5 4 CITY -	91-4IP		Change	Addition
-		□ betet				<u> — опанде</u>	F""T VOORTION
NAME			6.2 NAME				
STREET ADDRESS			- 1	T ADDRESS			1
CITY-ST-ZIP			64 CITY -	ST-ZIP			1

I 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 of the receiver or thistee 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, of on an attachment with an address.

SIGNATURE

AVURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

PRES.

4/14/98. (305)774-126
Daymetroe 01