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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095446 (7)

MIM W	IHELESS,	INC.										
Principal Place of Business				Mailing Address					E INTINADI FUN HASAR BIRIN DONIN DONIN DONIN		I B irki birki biri	A 0111 1001
368 NE 167TH STREET NO. MIAMI BEACH FL 33162				368 NE 167TH STREET NO. MIAMI BEACH FL 33162-2303								
									3. Date Incorporated or Qualified 12/18/1995	ì	Date of Last F /13/1996	Report
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For			
21								65-0630514			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional lequired
City & State				City & State				6. Election Campaign Financing	·		Мау Ве	
23				28				Trust Fund Contribution			to Fees	
Zip		Country		Zip		Country			8. This corporation has hability for	intangible		
24		25	29		30				Florida Statutes	Yes	□ No	
		and Address of Curre	nt Regis	tered Agent		-			10. Name and Address of New R	egistered	Agent	
BAAJOUR, IMAD H						81	Nam	e				
368 NE 167TH STREET							Stree	et Addre	ess (P.O. Box Number is Not Accepta	ble)		
NO.	MIAMI BE	ACH FL 33162				83						
						63						
						84	City			FL	85 Zip	Code
11. Pürsuanl	to the provis	sions of Sections 607.05	02 and 60	07 1508 Florida Statu	des the	e above	e-name	ed corpo	oration submits this statement for the		of changing	its registered
office or i	registered a	gent, or both, in the Stat ith, and accept the obli	e of Floric	da. Such change was	author	ized by	the c	orporation	pration submits this statement for the on's board of directors. I hereby accepts	pt the ap	pointment as	registered
	arri icirilinica) Yi	nor, and accept the obig	gations of	, 3601011 007.0000, 7	юнов з	วเลเมเดช).					
SIGNATURE	Signature, type	d or printed name of registered a	gent and lise	if applicable (NC	DTE: Regis	tered Age	n: signa:	ure require	d when reinstating)	DATE		
12.		OFFICERS AI	ND DIREC		1	3.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12
TITLE	PS			☐ DELETE	1.	.1 TITLE					Change	Addition
NAME		R, IMAD H			1.	.2 NAME						
STREET ADDRESS		167TH STREET			1.	.3 STREET	ADDRES	S				
CITY-ST-ZIP		WI BEACH FL 33162		- Desert		.4 CITY - S	T-ZIP					1 100
TITLE	VP	V TIMOTUV D		☐ DELETE		.1 TITLE					L Change	
NAME OTDEET ADDRESS		Y, TIMOTHY P 167TH STREET				.2 NAME	.000.00					
STREET ADDRESS		MI BEACH FL 33162				3 STREFT		5				
CITY-ST-ZIP TITLE	VP	JUNOIT I L 50102		DELETE		4 CITY-S 1 TITLE	1-214	+			Change	Addition
NAME		O, MARCO		Land Section		2 NAME					Shange	L. HOMEON
STREET ADDRESS		67TH STREET				3 STREET	ADDRES	,				
CITY-ST-ZIP		MI BEACH FL 33162				4. CITY - S		_				
TITLE				DELETE		1 THILE					☐ Change	☐ Addition
NAME *					4	2 NAME		1			-	
STREET ADDRESS						3 STREET	ADDRES	s				
CITY-ST-ZIP					4	4 CITY - S	T- ZIP					
TITLE				DELETE	5.	1 TITLE					Change	☐ Addition
NAME					5	2 NAME						
STREET ADDRESS					5	3 STREET	ADDRES	3				
CITY-ST-ZIP				<u> </u>	5	4 CITY-S	T-ZIP					
THILE	-			☐ DELETE	6	1 TITLE					Change	Addition
NAME					6.	2 NAME						
STREET ADDRESS					6	3 STREET	ADDRES	3				
CITY - ST - ZIP					6	4 CiTY - ST	T-ZIP					

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 or amount of the corporation of 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 or amount of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name