


Amended

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

|  |   |  |
|--|---|--|
| <b>AMENDED PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT #P95000095446 (7)**

1. Corporation Name

MIM WIRELESS, INC.

Principal Place of Business  
 368 NE 167th Street  
 No. Miami Beach, FL 33162

Mailing Address  
 368 NE 167th Street  
 No. Miami Beach, FL 33162

**FILED**

98 DEC 10 PM 12:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |   |
|--|--|---|--|--|--|---|
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                           |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | <b>4. FEI Number</b><br>65-0630514   |  | Applied For<br>Not Applicable   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  | <b>6. Election Campaign Financing</b> <input type="checkbox"/>                            |  | <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>\$8.75 Additional Fee Required</b><br><b>\$5.00 May Be Added to Fees</b> |
| <b>9. Name and Address of Current Registered Agent</b><br>BAAJOUR, IMAD H.<br>368 NE 167th STREET<br>NO. MIAMI BEACH, FL 33162 |  |   |  | <b>10. Name and Address of New Registered Agent</b>  |  |   |
| <b>81. Name</b>  |  |   |  | <b>82. Street Address (P.O. Box Number is Not Acceptable)</b>  |  |   |
| <b>83.</b>   |  |   |  | <b>84. City</b>  |  |   |
| <b>85. Zip Code</b>  |  |   |  | <b>FL</b>  |  |   |

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                      | PS                        | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | DPS   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BAAJOUR, IMAD H.          |  | 1.2 NAME           | BAAJOUR, ABD  |                                 |  |  |
| STREET ADDRESS             | 368 NE 167th Street       |  | 1.3 STREET ADDRESS | 368 NE 167th Street                                   |                                 |  |  |
| CITY-ST-ZIP                | NO. MIAMI BEACH, FL 33162 |  | 1.4 CITY-ST-ZIP    | NO. MIAMI BEACH, FL 33162                             |                                 |  |  |
| TITLE                      | VP                        | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE          | VP  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | MAHONEY, TIMOTHY P.       |  | 2.2 NAME           | BAAJOUR, LAURENCE                                     |                                 |  |  |
| STREET ADDRESS             | 368 NE 167th Street       |  | 2.3 STREET ADDRESS | 368 NE 167th Street                                   |                                 |  |  |
| CITY-ST-ZIP                | NO. MIAMI BEACH, FL 33162 |  | 2.4 CITY-ST-ZIP    | NO. MIAMI BEACH, FL 33162                             |                                 |  |  |
| TITLE                      | VP                        | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | QUINTERO, MARCO           |  | 3.2 NAME           |   |                                 |  |  |
| STREET ADDRESS             | 368 NE 167th Street       |  | 3.3 STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                | NO. MIAMI BEACH, FL 33162 |  | 3.4 CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE            | 4.1 TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       |                           |  | 4.2 NAME           |   |                                 |  |  |
| STREET ADDRESS             |                           |  | 4.3 STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                |                           |  | 4.4 CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE            | 5.1 TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       |                           |  | 5.2 NAME           |   |                                 |  |  |
| STREET ADDRESS             |                           |  | 5.3 STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                |                           |  | 5.4 CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE            | 6.1 TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       |                           |  | 6.2 NAME           |   |                                 |  |  |
| STREET ADDRESS             |                           |  | 6.3 STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                |                           |  | 6.4 CITY-ST-ZIP    |   |                                 |  |  |

14. 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. 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:

*ABD BAAJOUR, PRESIDENT*

12/9/98

(305) 944-7243

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 059947 4321942

AUTHORIZATION :

*Patricia Pigot*

COST LIMIT : \$ 61.25

ORDER DATE : December 10, 1998

ORDER TIME : 10:44 AM

ORDER NO. : 059947-005

CUSTOMER NO: 4321942

CUSTOMER: Peggy Marinelli, Legal Asst  
Cohen, Berke, Bernstein,  
19th Floor  
2601 South Bayshore Drive  
Miami, FL 33133

AMENDED ANNUAL REPORT FILING

NAME: MTM WIRELESS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATIONS  
60:2144 013386  
98 DEC 10 PM 12:09