


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

**FILED**  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90024 010 \*\*\*150.00

0235442

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P95000095446**

1. Corporation Name  
**MTM 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1111 PARK CENTRE BLVD</b>		2a. Mailing Address 26 <b>1111 PARK CENTRE BLVD</b>		3. Date Incorporated or Qualified <b>12/18/1995</b>	
Suite, Apt. #, etc. 22 <b>Suite 330</b>		Suite, Apt. #, etc. 27 <b>Suite 330</b>		4. FEI Number <b>65-0630514</b>	
City & State 23 <b>MIAMI, FL</b>		City & State 28 <b>MIAMI, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33169</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 29 <b>33169</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAAJOUR, IMAD H</b> <b>368 NE 167TH STREET</b> <b>NO. MIAMI BEACH FL 33162</b>		10. Name and Address of New Registered Agent 81 Name <b>ALBERT BAAJOUR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5480 NW 106th CT</b> 83 <b>MIAMI, FL</b> 84 City <b>MIAMI</b> 85 Zip Code <b>33178</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 and 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAAJOUR, IMAD H	1.2 NAME	
STREET ADDRESS	368 NE 167TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, TIMOTHY P	2.2 NAME	
STREET ADDRESS	368 NE 167TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	VP	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		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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; 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 attached sheet with my address and my name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**IMAD H BAAJOUR**

1/12/99

305 944-7243

Daytime Phone #

CR2E034 (11/98)