

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

PROFIT-
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90140 027 ***150.00

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DOCUMENT # P96000001921

1. Corporation Name
SOUTH BEACH BEEPERS TELECOMMUNICATIONS INC.

Principal Place of Business
537 MICHIGAN AVE.
MIAMI BEACH FL 33139

Mailing Address
537 MICHIGAN AVE.
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0631300

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 319 S. 14th Ave

Suite, Apt. #, etc.

22 HOLLYWOOD

City & State

23 HOLLYWOOD, FL.

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BAHJAT-SIBAI, BADRIEH
537 MICHIGAN AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

(SAME) see Below ADDITIONS

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

83

84 City

FL

85 Zip Code

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

04/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BAHJAT-SIBAI, BADRIEH
STREET ADDRESS 537 MICHIGAN AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 PRESIDENT ☒ Change ☐ Addition
1.2 NAME HELAL SIBAI
1.3 STREET ADDRESS 319 S. 14th AVE
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33020

2.1 TITLE REGISTERED AGENT ☐ Change ☒ Addition
2.2 NAME BAHJAT-SIBAI, BADRIEH
2.3 STREET ADDRESS 319 S. 14th AVE
2.4 CITY-ST-ZIP HOLLYWOOD, FL. 33020

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 c 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/99 (954) 9
Day

CR2E034 (11/98)