

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandor S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000015681 (5) 1. Corporation Name AMERICAN CELLULAR & COMMUNICATIONS CORP.			
Principal Place of Business 2999 NE 191 STREET STE 406 NO MIAMI BEACH FL 33180		Mailing Address 2999 NE 191 STREET STE 406 NO MIAMI BEACH FL 33180-3118	
2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/20/1996	
22. City & State	27. City & State	3a. Date of Last Report	
23. Zip	28. Zip	4. FEI Number 65-0648183	
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SILVERSTEIN, BARRY D 2999 NE 191 STREET STE 406 NO MIAMI BEACH FL 33180		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81. Name	
SIGNATURE: _____		82. Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and title in applicable		83. _____	
(NOTE: Registered Agent signature required when reinstating)		84. City	
DATE		FL 85. Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STONE, DAVID	2999 NE 191 STREET STE 406 NO MIAMI BEACH FL 33180	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY - ST - 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.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

0245761