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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019576 (3)

FILED Feb 03 1998 8:00am Secretary of State

CELLULAR UNIVERSE INTERNATIONAL, INC.					2 (00) 00) 100 (00) 00 (00) 00 (00)	41 001 30 111 40 10	I CIBRA IBRDI DINI	18818 BNI 1881
	Principal Place of Business Mailing Address						, 11818 (B18) B111(I	1010 5111 1001
7825 N.W. 29TH STREET 7825 N.W. 29TH STREET SUITE 137 SUITE 137 MIAMI FL MIAMI FL					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Quali	ied		
					03/04/1996			
2. Principal f	pal Place of Business 2a. Mailing Address				4. FEI Number		Aŗ	pplied For
21 26 Color And All Ale		·	·· ·····		65-0648089	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & State	"		6. Election Campaign Financi	ng _		May Be
23 28 700 700 700 700 700 700 700 700 700 70					Trust Fund Contribution	L	Added	to Fees
Zip	Country Zip Cou			1	8. This corporation owes or ha	•		
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due 10. Name and Address of New			No
FERNANDEZ, EDUARDO				Name .		- negrateret	- Affaur	
	501 B RIUCKELL KEY DRIVE		81	L-	.AMARCHE, L	<u>-UIS</u>		
SUITE 400			82	Street Addre	ess (P.O. Box Number is Not Acce 25 NW 297	eptable)	417	つ
MIAMI FL 33131			83	10	AS IVW ATIN		7-13	
Ī,	in 1							
	/		84	City //	114M	FI	85 Zp	Code 3/3 →
11. Pursuant	to the provisions of Sections 607.050	2 and 60 1508, Florida Statutes	, the above	e-named corpo	oration submits this statement for	the purpose	ر حدا = = of changing if	ls registered
office or agent. La	to the provisions of Sections 607.050 registered agent or both, it the State am familiar with, first along the original formula.	of Flarida, Such change was aut	thorized by da Statutes	the corporation	on's board of directors. I hereby a	ccept the ap	pointment as	registered
SIGNATURE	To divoco		oc oraciococ	,				
SIGNATURE	Significant typed or printed havie of registered age		Registered Age	ant signature required		DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE			1.1 TITLE				L Change	Addition
NAME	LAMARCHE, LUIS C							
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			T-1 -	
TITLE	SOSA, JOSE G	☐ DEFELE	2.1 TITLE				∐ Change	Addition
NAME	TARE MILL ARTH ATREET ALUTE AND		2.2 NAME					
STREET ADDRESS	talata el			ADDRESS				
CITY-ST-ZIP TITLE				ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	- 1		3.1 TITLE 3.2 NAME				Johange	Notified
STREET ADDRESS			3.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP	•			ST-ZIP				
TITLE			4.1 THLE				Change	Addition
NAME			4. 2 NAME				_ •	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP				T-ZIP				
TITLE			5.1 TITLE				Change	☐ Addition
NAME	5		5.2 NAME					
STREET ADDRESS	5.3		5.3 STREE1	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S1	T-ZIP				
TITLE	DELETE 6.1		6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	and the same of th		64 CITY-ST	r - ZiP				

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 any ual 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 responsibility 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 alkaltar highest with an address.