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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 06 1997 8:00am

Secretary of State

Daylime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000032794 (5)

BEEPER SPOT, INC.

SIGNATURE

Principal Place of Business Mailing Address 5226 N.W. 77H ST. 5226 N.W. 7TH SI UNIT B409 UNIT B-309 MIAMI FL 33126 MIAMILEC 33126-3358 3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 19337 S. DIXIE HWY. 26 19337 S. Not Applicable DIXIE HWY. 65-0664966 Suite, Ant. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State MIAMI, FL. ^C"M"I^SAMI, FL. 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 USA 29 33157 33157 Yes No USA 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DIEZ, YOLANDA 5226 N.W. 7TH ST. **B2** Street Address (P.O. Box Number is Not Acceptable) **UNIT B-309** 83 **MIAMI FL 33126** 64 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. SIGNATUR (NOTE_Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILLE Change Addition 11 1 THE DIEZ. YOLANDA NAME 1.2 NAME 5226 N.W. 7TH ST. APT. B-309 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33126** CITY - \$1 - 74P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 MHF Change Addition NAME: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 7(P 2. 4 CITY - \$T - ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7(P 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADOPESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-S1-ZIP DELETE Change Addition 5.1 TITLE THE NAM: **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 suppremental 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 attachment with an address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR