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

PROFIT Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000050609 (2) DOCUMENT # SOUTHERN WIRELESS INC. Principal Place of Business Mading Address 5830 SW 8 ST. 5830 SW 8 ST. MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zιρ Zin Country 8. This corporation owes or has paid the current year Intangible 25 ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PAVAN, FRANCINA M 5830 SW 8 ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1 1 TITLE TITLE PAVAN, FRANCINA M 1.2 NAME NAME 5830 SW 8 ST. 13 STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP 1 4 C/TY - ST - ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 City-St-7IP DETETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 f TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 convention 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 altaphysical with an address

4-10-98

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