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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059944 (4)

M & B PAGING, INC.

Secretary of State

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FILED

May 02 1997 8:00am

						1946) 1989. IBBN 1944 191	81 1 111 1111
Principal Place of Business Mailing Address						79:4: 6:::8 16:: 4 16::1 6::1	71 8181 1881
4007 WEST 18TH AVENUE HIALEAH FL 33012		4007 WEST 18TH AVENUE HIALEAH FL 33012-7054					
					3. Date Incorporated or Qualified 07/17/1996	3a. Date of Last	Report
Principal Place of Business Total		2a. Mailing Address 26			4. FEI Number		Applied For Not Applicable
Suite, Apt. #, etc		Suite Apt. #, etc.				60 7E	Additional
22)		27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zipi	Country	Zip	Country	<i>'</i>	8. This corporation has liability for intangible tax under s. 199.032.		
24	25	29 3	0	·		Yes V No	
.,	9. Name and Address of Curren	t Registered Agent		r	10, Name and Address of New Rec	jistered Agent	
	RILAWYER CHARTERED		81	Name			ł
343 ALMERIA AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
COH	IAL GABLES FL 33134		-	ļ		,	}
			83		•		ļ
			84	City	<u> </u>	FL 85 Zis	Code
11 Darener 1	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutos	the above	e named corr	poration authorite this statement for the n		its registered
office or r agent 1 a	epistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized by da Statute	y the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE	Signature, typed or printed name of registered age	ward the it applicable /NOTE F	A harassina	ant signature tegul	red when reinstating)	DATE	
12.	OFFICERS AND		13.	an agrade requ	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
1114	PID	DELETE	1,1 TITLE		<u></u>	Change	Addition
NAME	VALENCIA, SANDRO		1.2 NAME	1			
STREET ADORESS	4007 WEST 18TH AVENUE		1.3 STREET	ADDRESS			{
CHTY - ST - ZiF	HIALEAH FL 33012		1.4 CiTY+ST-ZiP				ł
THLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	FRONTINA, MICHAEL J		2.2 NAME	- 1			(
STREET AUDRESS	4007 WEST 18TH AVENUE		2.3 STREE	r address			ĺ
CHY-SI-ZIP	HIALEAH FL 33012		2.4 CITY+	ST-ZIP	3 **		S
Trile		DELETE	3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME				· ·
STREET ADDRESS			33 STREE	r address	I		ļ
City - St - ZiP			3.4. CITY-	ST-ZIP			
TILLE	The second secon	DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				İ
STREET ADDRESS			4.3 STREE	T ADDRESS			į
CHY-5 - ZIP			4.4 CITY-	ST - ZIP			
filte		DELETE	5.1 TITLE			☐ Change	Addition
MAME .			5.2 NAME	\			ļ
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-26			5.4 CITY-	ST-ZIP			
TILLE		☐ DELETE	61 TITLE			☐ Change	Addition
NAM:			6.2 NAME	}			
STREET ADORESS			6.3 STREE	T ADDRESS			ĺ
Offy SI-7P			6.4 City -				
14. Ldo horel	by certify that the information supplied	d with this filing does not qualify	for the exe	emption state	d in Section 119.07(3)(I), Florida Statutes	s. I further certify the	at the

To make yet my man me mormation supplied with this ming does not qualify for the beningtion stated in Section 119.07(5)(), Florida Statutes. Further certify that the information indicated on this annual report of suppliemental 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.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR OF DIRECTOR