

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 018 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062871 ✓

1. Corporation Name

C & L BEEPERS AND CELLULARS, INC.

Principal Place of Business

**3634 WEST FLAGLER ST
MIAMI FL 33135
US**

Mailing Address

**3634 WEST FLAGLER ST
MIAMI FL 33135
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

65-0682529

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINARES, CARLOS
280 NW 34 AVE
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LINARES, CARLOS**
STREET ADDRESS **625 SW 23RD AVE**
CITY-ST-ZIP **MIAMI FL 33135**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **SUAREZ, JORGE**
STREET ADDRESS **2497 SW 17TH ST**
CITY-ST-ZIP **MIAMI FL 33143**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **LINARES, BETKIS**
STREET ADDRESS **625 SW 23RD AVE**
CITY-ST-ZIP **MIAMI FL 33135**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **SUAREZ, LUCIA**
STREET ADDRESS **2497 SW 17TH ST**
CITY-ST-ZIP **MIAMI FL 33145**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/99 (305) 444-9883

CR2E034 (5/99)

P96000062871
602595-90002-18

C & L Beepers and Cellulars
3634 W. Flagler St.
Miami, Florida 33135

July 16, 1999

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500
Attention: Ms. Litheria

Reference: Place of Business: 3634 W. Flagler St.
Miami, Florida 33135

US


FEI Number: 65-0682529

To Whom It May Concern:

The following is a letter to inform that we have not received any prior notification of this billing statement. As soon as we received this notification, we called the office of Division of Corporations to inform them that we had not received the first billing statement and we didn't think we should be penalized for the late fee. We spoke to the above referenced individual. She told us to place our complaint in writing and wait for process of approval.

We would greatly appreciate if we could be able settle this situation as soon as possible. We will be waiting for your response to send our payment.

Sincerely,



C&L Beepers & Cellulars