


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90057 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000067131**

1. Corporation Name

**WIRELESS NETWORKS INTERNATIONAL, INC.**

Principal Place of Business

7228 N.W. 31ST  
MIAMI FL 33122

Mailing Address

7228 N.W. 31ST  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

65-0685967

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

7214 NW 31st

2a. Mailing Address

26

Suite, Apt. #, etc.

7214 NW 31st

City &amp; State

23

Miami

City &amp; State

28

Miami FL

Zip

24

FL 33122

Country

Zip

29

33122

Country

30

9. Name and Address of Current Registered Agent

**BLANCHARD, FRANCINA**  
**7228 N.W. 31ST**  
**MIAMI FL 33122**

10. Name and Address of New Registered Agent

**81 Name** Cristina del Castillo  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
 7214 NW 31st  
**83**  
**84 City** Miami **FL** **85 Zip Code**  
 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7228 N.W. 31ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7228 N.W. 31ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7228 N.W. 31ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARDENAS, JANET O	
STREET ADDRESS	7228 NW 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Schulman Matthew L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7214 NW 31st	
1.4 CITY-ST-ZIP	Miami FL 33122	
2.1 TITLE	Schulman Matthew L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7214 NW 31st	
2.4 CITY-ST-ZIP	Miami FL 33122	
3.1 TITLE	Schulman Matthew L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	7214 NW 31st	
3.4 CITY-ST-ZIP	Miami FL 33122	
4.1 TITLE	Cardenas Janet O.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7214 NW 31st	
4.4 CITY-ST-ZIP	Miami FL 33122	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99 205-9861015

Daytime Phone #

-CR2E034 (11/98)