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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtnan.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078857 (5)

2601 WIRELESS CORP.

FILED Jun 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						. I SABAINDA NIO IBSUL OLINI ODNIN DAKIN DAN		[100 10#
8601 BISCAYN MIAMI FL 8313	E BOULEVARD 17	2601 BISCAYNE BOULEVA MIAMI FL 33137-4532	1901 BISCAYNE BOULEVARD Alami Fl. 33137-4532			i			
•						Date Incorporated or Qualified	las Dat	o of Lost D	lanari
	\					3. Date Incorporated or Qualified 09/23/1996	3a. Dat	e of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26	<u></u>			65.069857	0		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	F-1			5. Certificate of Status Desired			Additional
City & State	Δ	City & State	27 City & State			1			equired
23	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country				This corporation has liability for intangible tax under s. 199,032,			
24	25	29	30	•		Florida Statutes Yes No			
	9. Name and Address of Curren					10. Name and Address of New Registered Agent			
GAE	Briel, Alan L eso		1	B1	Name				
	5 EAST SUNRISE BOULEVARD		ŀ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	ITHOUSE EAST								
FOR	IT LAUDERDALE FL 33304		Ī	83					
	·		Ī	84	City		FI	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statut	es the at	DOVE-r	named coroo	pration submits this statement for the r		hanging i	s registered
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 607.0506, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and little if applicable (NOTE: Reg					signature required	d when reinstating)	DATE		
TITLE	OFFICERS AND	DELETE DELETE	13.	7 E	<u>i</u>	ADDITIONS/CHANGES TO OFFIC		Change Change	S IN 12 Addition
NAME	GERSTEN, SHERRI				İ		L		
STREET ADDRESS	2601 BISCAYNE BOULEVARD		1.2 N		DDRESS	·			
CITY-ST-ZIP	MIAMI FL 33137			IY-ST		55			
TITLE	D	DELETE 2.11			211			Change	Addition
NAME	SIMMONS, RENEE		2.2 NAME				_	`	
STREET ADDRESS	2601 BISCAYNE BOULEVARD		2.3 STREET		ODRESS				
CITY-ST-ZIP	MIAMI FL 83137		2.4 CITY-ST-7IP		-7IP				
TITLE	PD	DELETE	3.1 TIT	LE				Change	Addition
NAME	GOLDSTEIN, MICHELLE		3.2 NA	ME					l
STREET ADDRESS	2601 BISCAYNE BOULEVARD		3.3 ST	REET AC	ODRESS				
CITY-ST-ZIP	MIAMI FL 33137			IY-SI-	ZIP			-	
TITLE	VSTD	DELETE	4.1][[LE	-		L	Change	☐ Addition
NAME	CASTER, CARY		4. 2 N	AME					
STREET ADDRESS	2601 BISCAYNE BOULEVARD		4.3 ST	REET AC	odress				ŀ
CITY-ST-ZIP	MIAMI FL 33137	Dericie		Y-ST-	ZIP			Change	Addition
TITLE		☐ DELETÉ	5.1 TIT				Į.	nignite	Addition
NAME -			5.2 NA		oppres				
STREET ADDRESS					ODRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TII	IY-SI-I	ZIV		T T	Change	Addition
NAME				i			·	Annuðo	Notified
STREET ADDRESS			6.2 NA	ME REET AC	ODBESS				
CITY-ST-ZIP				HELT AL [Y-ST-]					
AILL DIATE	L		0.4 61	1-31-	EM				

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 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.