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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080749 (0)

1. Corporation Name
IDEAS CELLULAR U.S.A., INC.

Principal Place of Business
1416 SW 50 ST #63-A
CAPE CORAL FL 33194

Mailing Address
1416 SW 50 ST #63-A
CAPE CORAL FL 33914-3406

3. Date Incorporated or Qualified
09/30/1996

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7495 W 14TH AVE
Suite, Apt. #, etc.

22 City & State
HIALEAH FL

23 Zip
33014

24 Country
USA

2a. Mailing Address

26 P.O. BOX 4552
Suite, Apt. #, etc.

27 City & State
HIALEAH FL

28 Zip
33014

29 Country
USA

9. Name and Address of Current Registered Agent

GONZALEZ, RAY A
1416 SW 50 ST #63-A
CAPE CORAL FL 33194

10. Name and Address of New Registered Agent

81 Name
MARTA C. ANTURCHIA

82 Street Address (P.O. Box Number is Not Acceptable)
7495 W 14TH AVE

83

84 City
HIALEAH

85 Zip Code
FL 33014

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Marta C. Anturchia

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME RAY A. GONZALEZ ☒ DELETE

1.2 STREET ADDRESS
1.3 CITY-ST-ZIP

1.4 TITLE
NAME ☐ DELETE

1.5 STREET ADDRESS
1.6 CITY-ST-ZIP

1.7 TITLE
NAME ☐ DELETE

1.8 STREET ADDRESS
1.9 CITY-ST-ZIP

1.10 TITLE
NAME ☐ DELETE

1.11 STREET ADDRESS
1.12 CITY-ST-ZIP

1.13 TITLE
NAME ☐ DELETE

1.14 STREET ADDRESS
1.15 CITY-ST-ZIP

1.16 TITLE
NAME ☐ DELETE

1.17 STREET ADDRESS
1.18 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME PRESIDENT ☒ Change ☐ Addition

1.2 STREET ADDRESS
1.3 CITY-ST-ZIP
7495 W 14TH AVE
HIALEAH FL 33014

1.4 TITLE
NAME ☐ Change ☐ Addition

1.5 STREET ADDRESS
1.6 CITY-ST-ZIP

1.7 TITLE
NAME ☐ Change ☐ Addition

1.8 STREET ADDRESS
1.9 CITY-ST-ZIP

1.10 TITLE
NAME ☐ Change ☐ Addition

1.11 STREET ADDRESS
1.12 CITY-ST-ZIP

1.13 TITLE
NAME ☐ Change ☐ Addition

1.14 STREET ADDRESS
1.15 CITY-ST-ZIP

1.16 TITLE
NAME ☐ Change ☐ Addition

1.17 STREET ADDRESS
1.18 CITY-ST-ZIP

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.

SIGNATURE:

Marta C. Anturchia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 305-494-8842
Date Daytime Phone #

CR2E034 (9/96)