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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

officer or director of the comporation of the receiver or trustree emprime Block 12 or Block 13 if change d, er on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 20 1998 8:00am

Secretary of State

POCUMENT # P97000020925 (8)

EXPRESS PAGING & CELLULAR CORP

Principal Place of Business Mailing Address 11047 S.W. 40TH STREET 11047 S.W. 40TH STREET **MIAMI FL 33165 MIAMI FL 33165** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 4. FEI Numbe 2. Principal Place of Business 2a. Maring Address Applied For 65-07352 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MONTIEL, CINDY J 11047 S.W. 40TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City 85 Zip Code nd 007, 1508, Florida Statutes, the atlove-named corporation submits this statement for the purpose of changing its registered torida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered at the corporation of the corpo 11. Pursuant to the provisions of Sections 607. RS AND DIRI CTORS 12. ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENTE DELETE TITLE Change Addition 1.1 HULE Agustin PEREZ NAME 1.2 NAME 11047 S.W. 40 ST 1.3 STRUFT ADDRESS CITY-ST-ZIP MIAMI, FI 14 CiTY+ \$1 - ZiP TITLE DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-S1-20 DELETE TITLE 3.1 HILE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7# CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this annual report or 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 trusted emproved to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in