

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000031930

1. Corporation Name  
CELLULAR & BEYOND, INC.

Principal Place of Business  
15540 S.W. 156TH AVENUE  
MIAMI FL 33187

2. Principal Place of Business  
21  
22  
23  
24

2a. Mailing Address  
26  
27  
28  
29  
30

Suite, Apt. #, etc.  
City & State  
Zip  
Country

FILED  
Jun 18, 1999 8:00 am  
Secretary of State

06-18-1999 90008 028 \*\*\*550.00

0267901



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1997</b>	4. FEI Number <b>65-0741494</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

KAUR, PREET K  
15540 S.W. 156TH AVENUE  
MIAMI FL 33187

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.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUR, PREET K		1.2 NAME
STREET ADDRESS	15540 S.W. 156TH AVENUE		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33187		1.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH ARORA, GURBAKHSH		2.2 NAME
STREET ADDRESS	15540 S.W. 156TH AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33187		2.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAL SINGH ARORA, DAVINDER		3.2 NAME
STREET ADDRESS	15540 S.W. 156TH AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33187		3.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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: Preet Kaur, PREET K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99 (305)992-8355  
Date Daytime Phone #

CR2E034 (11/98)