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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

Principal Place of Business 813 SW 122 AVE MIAMI FL 33184 813 SW 122 AVE MIAMI FL 33184 813 SW 122 AVE MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State 27 City & State 28 City & State 30 Country 4. FEI Number. 5. Certificate of Status Desired 7. For Enequired Fee Required Fee Required 7. For Enequired 7. For Enequired 7. For Enequired 7. For Enequired 8. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 30. 8. This corporation owes or has paid the current year Intangible 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent STEFANO, MIRIAM 813 SW 122 AVE MIAMI FL 33184 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	AMERICAN BEEPER WHOLESALE & D., INC.	` '		
MIAMI FL 33184 MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1997 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip Country 25 Zip Country 25 Qualified DO NOT WRITE IN THIS SPACE Applied For Not Applied For Status Desired \$3.75 Additional Fee Required Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees Sip Country 25 Qualified O4/24/1997 Applied For Not Applied For Status Desired \$5.00 May Be Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEFANO, MIRIAM 81 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Principal Place of Business	Mailing Address		t lantinus ite laitt juni pasti antit pelit antin pien litta ateat laita istan illi lant
2. Principal Place of Business 2. Mailing Address 2. Fell Number 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fell Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Suite, Apt. #, etc. 7. City & State 7. Country 8. Trust Fund Contribution 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)				DO NOT WRITE IN THIS SPACE
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25 29 30 Personal Property Tax due June 30. Set Yes No 9. Name and Address of Current Registered Agent STEFANO, MIRIAM 813 SW 122 AVE MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)		-	• • •	
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813 SW 122 AVE MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of Current Reg	istered Agent	<u> </u>	
MIAMI FL 33184 83	• • • • • • • • • • • • • • • • • • • •		81 1	Name
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84 City FL 85 Zip Code	,,,,, um - & 00,10 t		83	
			84 C	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, typed or printed name of registered agent and title if applicable,	(NOTE, Registered Agent signature re	1	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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NAME	STEFANO, MIRIAM	1.2 NAME	İ	
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CITY C7 710		EACTV OT TO	T.	

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 eath; 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 came appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: MICHALLICAS

1-8-98

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