

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

FLORIDA
CORPORATE
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
B. Martinez
DIVISION OF CORPORATIONS

This is just to correct
the address on file.

DOCUMENT # P97000038079

1. Corporation Name

City Paging of Miami, Inc.

Principal Place of Business

Mailing Address

485 W. Flagler St. #4 > Wrong
Miami, FL 33128.

3. Date Incorporated or Qualified
4-28-97

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2485 W. Flagler St. #4

26 Same as #2.

4. FEI Number

65-0749186

Applied For

Not Applicable

Suite Apt. # etc

Suite Apt. # etc

22 #4

27

City & State

City & State

23 Miami, FL.

28

Zip

Country

Zip

Country

24 33125

25 USA.

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Perez, Behar & Associates, Inc.
14730 N.E. 10th Ave.
N. Miami, FL 33161

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, am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
PD.
Amparo A. Viart
2540 NW 9th St.
Miami, FL 33125

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
VD
Mayte Viart
2540 NW 9th St.
Miami, FL 33125

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, unchanged, on an attachment with an address.

SIGNATURE: Amparo A. Viart / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-97 305-649-3100

CR2E034 (9/96)