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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

M T M WIRELESS #1 INC.

Principal Place of Business

368 NE 167TH STREET

N MIAMI BEACH FL 33162

Suite, Apt. #, etc.

2. Principal Place of Business

DOCUMENT # **P97000039683**1. Corporation Name

Mailing Address 368 NE 167TH STREET

2a. Mailing Address

Suite, Apt. #, etc.

26

N MIAMI BEACH FL 33162

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90012 013 ***150.00



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/05/1997 4. FEI Number

65-0813065

_ Suite, Apt. i	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	♦8.73 Additional	
2		27	. <u> </u>			Fee Re	quired	
City & State	ity & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current ye	ear Intangible		
4			30	•	Personal Property Tax.	☐Yes	∐No	
-)	9. Name and Address of Current				10. Name and Address of New Regis	tered Agent		
				81 Name				
BAAJOUR, IMAD H 368 NE 167TH STREET N MIAMI BEACH FL 33162				82 Street Address (P.O. Box Number is Not Acceptable)				
				62 Street Add	ress (P.O. Box Number is Not Acceptable)	•		
				83				
			Į	84 City		FL 85 Zip C	ode	
14 Durewent	to the provisions of Sections 607 0502	2 and 607 1508 Florida 5	Statutes the al	ove-named corr	poration submits this statement for the purp	· —	registered	
office or re	egistered agent, or both, in the State o	of Florida. Such change v	vas authorized	by the corporati	on's board of directors. I hereby accept the	appointment as re-	gistered	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.050	o, Florida Statu	ites.				
SIGNATURE		and Side San Kashia	(NOTE: Pagistared	Agent signature require	nd when minutation!	VIE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
ITLE	P OFFICERS AND	DELE)		ne l	7,557,7010,013,11020,1002	Change	Additio	
	HAAJOUR, IMAD H	<u></u>	1.2 NA					
AME	368 NE 167TH STREET		1				.*	
TREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL 33162	DELE		Y-ST-ZIP		☐ Change	Additio	
UTLE	VP			,	· .	Containing		
IAME	MAHONEY, THIMOTY P		2.2 NA					
STREET ADDRESS	368 NE 167TH STREET		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL 33162			TY-ST-ZIP		Change	□ Addition	
TITLE	VP	☐ DELE	TE 3.1 TI	LE		Change	Addition	
IAME	QUINTERO, MARCO		3.2 NA	ME				
STREET ADDRESS	368 NE 167TH STREET		3.3 ST	REET ADDRESS		2		
CITY-ST-ZIP	N MIAMI BEACH FL 33162			TY-ST-ZIP				
rmle		☐ DELE	TE 4.1 TR	ıe		☐ Change	Addition	
IAME			. 4. 2 N/	WE				
TREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CIT	TY+ST-ZIP				
TILE		☐ DEFE.	TE 5.1 TIT	LE .		Change	Addition	
AME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS	•			
CITY-ST-ZIP			5 4 CIT	TY-ST-ZIP				
ITLE		☐ DELE	TE 6.1 TIT	LE		☐ Change	Additio	
AME			6.2 NA	ME	•			
			6.3 ST	REET ADDRESS				
TREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				

officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: