

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 11 1998 8:00am  
Secretary of State

DOCUMENT # **P97000049484 (3)**

1. Corporation Name  
**NEXTELCOM CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1101 BRICKELL AVENUE  
SUITE 200  
MIAMI FL 33131**

Mailing Address  
**1101 BRICKELL AVENUE  
SUITE 200  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**06/05/1997**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

**65-0758167**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **James Dickey**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Ave**

83 Suite 200

84 City **Miami,** FL 85 Zip Code **33131**

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 **James Dickey**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/31/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **ESQUENAZI, JOEL**  
STREET ADDRESS **1101 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ DELETE

TITLE **BVD**  
NAME **BAAN, ROBERTO**  
STREET ADDRESS **1101 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

☒ DELETE

TITLE **SD**  
NAME **RODRIGUEZ, CARLOS A**  
STREET ADDRESS **1101 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ DELETE

TITLE **TD**  
NAME **ZAPATA, JOSE**  
STREET ADDRESS **1101 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Treasurer  
David Langle  
1101 Brickell Ave  
Miami, FL 33131**

**900002638909  
-09/14/98--01134--048  
\*\*\*1650.00**

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.

SIGNATURE: **David Langle**

**7/31/98 (305) 577-9700**

CR2E034 (5/98)