


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

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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90279 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000064017			
1. Corporation Name CELLULAR SUN, INC.			
Principal Place of Business 5416 N.W. 72ND AVENUE MIAMI FL 33166		Mailing Address 5416 N.W. 72ND AVENUE MIAMI FL 33166	
2. Principal Place of Business 21 3400 NW 114 AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 3400 NW 114 AVE Suite, Apt. #, etc. 27	
City & State 23 MIAMI, FL Zip 24 33178		City & State 28 MIAMI, FL Zip 29 33178	
Country 25 U.S.A		Country 30 U.S.A	
9. Name and Address of Current Registered Agent BENHAMU, CAROLINA 5416 NW 72ND AVE MIAMI FL 33166			
10. Name and Address of New Registered Agent 81 Name Benhamu, Carolina 82 Street Address (P.O. Box Number is Not Acceptable) 3400 NW 114 AVE 83 84 City Miami FL 85 Zip Code 33178			
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. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAMU, CARLOS	1.2 NAME	Benhamu, Carlos
STREET ADDRESS	5416 N.W. 72ND AVENUE	1.3 STREET ADDRESS	3400 NW 114 AVE
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAMU, CAROLINA	2.2 NAME	Benhamu, Carolina
STREET ADDRESS	5416 N.W. 72ND AVENUE	2.3 STREET ADDRESS	3400 NW 114 AVE
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAMU, ALBERT	3.2 NAME	Benhamu, Albert
STREET ADDRESS	5416 N.W. 72ND AVENUE	3.3 STREET ADDRESS	3400 NW 114 AVE
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	MIAMI, FL 33178
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 305-884-4800
Date Daytime Phone #

CR2F034 (11/98)