

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90060 010 ***150.00

DOCUMENT # P97000064027

1. Corporation Name
CELLULAR SUPPLY, INC.

Principal Place of Business

5416 N.W. 72ND AVENUE
MIAMI FL 33166

Mailing Address

5416 N.W. 72ND AVENUE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

65-0781592

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3400 NW 114 AVE

Suite, Apt. #, etc.

23 MIAMI FL

24 33178 25 U.S.A

2a. Mailing Address

26 3400 NW 114 AVE

Suite, Apt. #, etc.

28 MIAMI FL

29 33178 30 U.S.A

9. Name and Address of Current Registered Agent

BENHAM, 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

TITLE D
NAME BENHAMU, CARLOS
STREET ADDRESS 5416 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE D
NAME BENHAMU, CAROLINA
STREET ADDRESS 5416 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE D
NAME BENHAMU, ALBERT
STREET ADDRESS 5416 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Benhamu, Carlos
3400 NW 114 AVE
MIAMI FL 33178

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Benhamu, Carolina
3400 NW 114 AVE
MIAMI FL 33178

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Benhamu, Albert
3400 NW 114 AVE
MIAMI FL 33178

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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 #

CR2E034 (11/98)