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

Mailing Address

261 NE CAMPBELL DR

DELETE

DELETE

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

261 NE CAMPBELL DR

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 17 1998 8:00am

Secretary of State

Change

☐ Change

Addition

Addition

DOCUMENT # P97000075580 (5)

USA WIRELESS COMMUNICATION, INC.

HOMESTEAD FL \$3030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For -0778399 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible **Z** Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHIM, MICOLA 261 **NE** CAMPBELL DR Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33030** 83 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TO LE TITLE SHIM, NICOLA A 261 NE CAMPBELL DR SHIM, NICOLA S NAME 1.2 NAME 261 NE CAMPBELL DR 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33030 **HOMESTEAD FL 33030** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

5.4 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 or an attachment with an address. 412/08