

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000076988

1. Corporation Name
ELECTRONIC WIRELESS CORP.



Principal Place of Business
17212 NW 48TH CT.
MIAMI FL 33055

Mailing Address
17212 NW 48TH CT.
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number
65-0780484

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2423 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

22 **HOLLYWOOD, FL 33020**

City & State

23 **33020 USA**

Zip Country

24 **33020 USA**

Zip Country

25 **33020 USA**

Zip Country

26 **33020 USA**

Zip Country

27 **33020 USA**

Zip Country

28 **33020 USA**

Zip Country

29 **33020 USA**

Zip Country

30 **33020 USA**

Zip Country

31 **33020 USA**

Zip Country

32 **33020 USA**

Zip Country

33 **33020 USA**

Zip Country

34 **33020 USA**

Zip Country

35 **33020 USA**

Zip Country

36 **33020 USA**

Zip Country

37 **33020 USA**

Zip Country

38 **33020 USA**

Zip Country

39 **33020 USA**

Zip Country

40 **33020 USA**

Zip Country

41 **33020 USA**

Zip Country

42 **33020 USA**

Zip Country

43 **33020 USA**

Zip Country

44 **33020 USA**

Zip Country

45 **33020 USA**

Zip Country

46 **33020 USA**

Zip Country

47 **33020 USA**

Zip Country

48 **33020 USA**

Zip Country

49 **33020 USA**

Zip Country

50 **33020 USA**

Zip Country

51 **33020 USA**

Zip Country

52 **33020 USA**

Zip Country

53 **33020 USA**

Zip Country

54 **33020 USA**

Zip Country

55 **33020 USA**

Zip Country

56 **33020 USA**

Zip Country

57 **33020 USA**

Zip Country

58 **33020 USA**

Zip Country

59 **33020 USA**

Zip Country

60 **33020 USA**

Zip Country

61 **33020 USA**

Zip Country

62 **33020 USA**

Zip Country

63 **33020 USA**

Zip Country

64 **33020 USA**

Zip Country

65 **33020 USA**

Zip Country

66 **33020 USA**

Zip Country

67 **33020 USA**

Zip Country

68 **33020 USA**

Zip Country

69 **33020 USA**

Zip Country

70 **33020 USA**

Zip Country

71 **33020 USA**

Zip Country

72 **33020 USA**

Zip Country

73 **33020 USA**

Zip Country

74 **33020 USA**

Zip Country

75 **33020 USA**

Zip Country

76 **33020 USA**

Zip Country

77 **33020 USA**

Zip Country

78 **33020 USA**

Zip Country

79 **33020 USA**

Zip Country

80 **33020 USA**

Zip Country

81 **33020 USA**

Zip Country

82 **33020 USA**

Zip Country

83 **33020 USA**

Zip Country

84 **33020 USA**

Zip Country

85 **33020 USA**

Zip Country

86 **33020 USA**

Zip Country

87 **33020 USA**

Zip Country

88 **33020 USA**

Zip Country

89 **33020 USA**

Zip Country

90 **33020 USA**

Zip Country

91 **33020 USA**

Zip Country

92 **33020 USA**

Zip Country

93 **33020 USA**

Zip Country

94 **33020 USA**

Zip Country

95 **33020 USA**

Zip Country

96 **33020 USA**

Zip Country

97 **33020 USA**

Zip Country

98 **33020 USA**

Zip Country

99 **33020 USA**

Zip Country

100 **33020 USA**

Zip Country

9. Name and Address of Current Registered Agent

CEVALLOS, RAMON
17212 NW 48TH CT.
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name **ALBERT NAE**
82 Street Address (P.O. Box Number is Not Acceptable)
2423 HOLLYWOOD BLVD
83 **1**
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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 **Albert Nae CEO**

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

(NOTE: Registered Agent signature required when reinstating)

2-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CEVALLOS, KENT	
STREET ADDRESS	2423 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

2-2-99 305-613-0200

Date

Daytime Phone #

CR2E034 (11/98)