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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078786

Principal Place of Business

SIGNATURE:

EXPRESS BEEPERS AND CELLULARS, INC.

| 7441 CORAL WAY MIAMI FL 33155 | | 7441 CORAL WAY MIAMI FL 33155 | | | | | | | |
|---|--|--|----------------------|---------------|-------------------|---|--------------------|---------------|----------------|
| | | | | | | 3. Date Incorporated or Q | OT WRITE IN THIS | SPACE | |
| | | | | | | 09/11/1997 | uamed | | |
| Principal Place of Business 2a. Mailing Address | | | | 200 | | 4. FEI Number | - | | Applied For |
| 21 5175 | 121 WN | 26 8357 W. FL | AGE | 4 S | 1. | 65-0787921 | | | lot Applicable |
| Suite, Apt. a | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status De | sired | • | Additional |
| 22 | | 27 #150 | | | | | | | Required |
| City & State | . — [] | City & State 28 MIAMI, FL | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Coun | | | 8. This corporation owes | • | | |
| <u> 3312</u> | <u> </u> | 1 1 | 30 1)/ | <u>AD</u> | <u>)</u> | Personal Property Tax. | | ∐ Yes | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | 81 | Nama | 10. Name and Address of | f New Registered | Agent | _ |
| GOM | IEZ, LAZARO J | | | ا ۱۹ | Name | | | | |
| | CORAL WAY | | 1 | 82 | Street Addre | et Address (P.O. Box Number is Not Acceptable) 57 West Flagler St. #150 | | | |
| | MI FL 33155 | | | 83 | 0337 W | est flagler st. | 1/130 | | |
| | | | | | | | | | |
| | | | - | | City Miami | | FL | | Code 3144 |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the ab | ove-r | named corpo | oration submits this statement | for the purpose o | f changing it | ts registered |
| office or re agent. I ar | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was au itions of, Section 607.0505, Flori | tnonzeo da Statul | by in tes. | e corporatio | it's board of directors. Theret | y accept the appo | munon as i | egistered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered age | | | gent si | ignature required | when reinstating) ADDITIONS/CHANGES | DATE TO DESIGNED A | ND DIDECT | OBS IN 12 |
| 12. | V OFFICERS AN | ID DIRECTORS | 13. | F | | ADDITIONS/CHANGES | TO OFFICERS A | Change | |
| NAME | SANTIAGO, GLORIA | | 1.2 NAM | | | | | | _ |
| STREET ADDRESS | 5175 NW 1 ST. | | | | DDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33126-5003 | | 1.4 CITY | | | | | | |
| TITLE | | ☐ DELETE | 2.1 TITL | | | | | Change | Addition |
| NAME | | | 2.2 NAM | Æ | | | | | |
| STREET ADDRESS | | | 2.3 STR | REET A | ODRESS | | | | |
| CITY-ST-ZIP | . <u></u> | | 2. 4 CIT | Y-ST- | ZIP | | | | , |
| TITLE | | ☐ DELETE | 3.1 TITL | Æ | | | | Change | Addition |
| NAME | | | 3.2 NAA | ИE | | | | | ļ |
| STREET ADDRESS | | | 3.3 STR | RETAI | DORESS | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | | ZIP | | | - Channe | |
| TITLE | | ☐ DELETE | 4,1 TITL | | | | | Change | Addition |
| NAME | | | 4, 2 NA | | | | | | |
| STREET ADDRESS | | | | | DORESS | | | | |
| CITY-ST-ZIP | | □ DELETE | 4.4 CIT | | ZIP | . <u> </u> | | Change | Addition |
| TITLE | | DELETE | 5.2 NAM | | | | | | |
| NAME STREET ADDRESS | | | | | DDRESS | | | | |
| | | | 5.4 CIT | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITL | | | | | ☐ Change | Addition |
| NAME | | | 6.2 NAA | ΛE | | | | | |

GLORIA SANTIAGO

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90164 033 ***150.00



| 1 5175 | 121 (UIA | 26 8357 W. FU | AGER | SI. | 65-0787921 | | Not | Applicable |
|---|---|---|--|--|---|----------------|---------------------------------|------------------------|
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 A | |
| 2 City & State | it D | City & State |) | | Election Campaign Financing Trust Fund Contribution | | \$5.00 r | |
| 3 3312 | Country C | Zip | Countr | ynF | This corporation owes the curr Personal Property Tax. | rent year Inta | ingible | □No |
| 4 5010 | | 29 35199 30 | ייקעו ופ | シー | 10. Name and Address of New F | Registered A | | |
| 7441 | 9. Name and Address of Current EZ, LAZARO J CORAL WAY | Registered Agent | 8 | 2 Street Add | iress (P.O. Box Number is Not Accept West Flagler St. #15 | able) | | |
| MIAN | II FL 33155 | | 8 | | | | | |
| | | | 8 | 4 City Miami | | FL | 85 Zip C | ode 44 |
| office or re | o the provisions of Sections 607.0502 sgistered agent, or both, in the State o n familiar with, and accept the obligation | Florida. Such change was auth | norized b | v the corporat | poration submits this statement for the ion's board of directors. I hereby accept | pt the appoil | changing its r ntment as reg | registered jistered |
| SIGNATIONE | Signature, typed or printed name of registered agent | | | ent signature requir | ed when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE ! | V | ☐ DELETE | 1.1 TITLE | | | | Change | ☐ Addition |
| AME | SANTIAGO, GLORIA | | 1.2 NAME | | | | | |
| TREET ADDRESS | 5175 NW 1 ST. | | | ET ADDRESS | | | | |
| ITY-ST-ZIP | MIAMI FL 33126-5003 | | 1.4 CITY- | | | | | T A Live |
| ITLE | | ☐ DELETE | 2.1 TITLE | | | | Change | ☐ Addition |
| IAME | | | 2.2 NAME | | | | | |
| TREET ADDRESS | | | 2.3 STRE | ET ADDRESS | | | | |
| ITY-ST-ZIP | | | 2. 4 CITY | - | | | C1.01 | |
| TILE | | ☐ DELETE | 3.1 TITLE | | | | Change | Addition |
| IAME | | ı | 3.2 NAME | | | | | |
| TREET ADDRESS | | | 3.3 STRE | ETADORESS | | | | |
| ITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | |
| TLE | | ☐ DELETE | 4,1 TITLE | | | | Change | ☐ Addition |
| IAME | | | 4. 2 NAM | E | | | | |
| TREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | | |
| TTLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition \ |
| IAME | | | 5.2 NAME | | | | | |
| TREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | | | | | |
| TILE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | ☐ Addition |
| (AME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | , | 6.3 STRE | ET ADDRESS | | | | ſ |
| CITY-ST-ZIP | | | 6.4 CITY- | | | | | |
| STREET ADDRESS CITY-ST-ZIP 14. I hereby condicated cofficer or cofficer or cofficer. | on this annual report or supplemental a | innual report is true and accurat er or truster empowered to exe | 6.3 STRE 6.4 CITY- ne exempte and the cute this | ST-ZIP otion stated in at my signature report as required. | Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as a lired by Chapter 607, Florida Statutes | it mage unde | eroaun, mai i | am an |