FOR PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081851 (4)

1. Corporation Name

CELL STATION DISTRIBUTOR, CORP.

25 S.E 2 Ave. Suite 312 Miami Fl. 33131

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3. Date Incorporated or Qualified: 11/22/1997

3a. Date of Last Report: 1998

4. FEI Number: 65-0784007 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: XXX Yes ☐ No

2. Principal Place of Business

21: 25 S.E 2 Ave.
22 Suite, Apt. #, etc.: 312
23 City & State: Miami Florida
24 Zip: 33131
25 Country: DADE

2a. Mailing Address

26: 25 S.E 2 Ave.
27 Suite, Apt. #, etc.: 312
28 City & State: Miami Florida
29 Zip: 33131
30 Country: DADE

9. Name and Address of Current Registered Agent

OLIVETE OLIVEIRA VERAS
25 S.E 2 AVE. SUITE 312
Miami Fl. 33131

10. Name and Address of New Registered Agent

81 Name: OLIVETE OLIVEIRA VERAS
82 Street Address (P.O. Box Number is Not Acceptable): 25 S.E 2AVE. SUITE 312
83
84 City: MIAMI FL
85 Zip Code: 33131

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]*
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	PSD	☒ DELETE
NAME	ISMAEL M.JR. AVELAR	
STREET ADDRESS	7501 E,Treasury Dr.	
CITY-ST-ZIP	Miami Beach Fl	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/S/D	☒ Change ☐ Addition
NAME	OLIVETE OLIVEIRA VERAS	
STREET ADDRESS	25 S.E 2 Ave Suite 312	
CITY-ST-ZIP	Miami Fl. 33131	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #