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

DOCUMENT # P97000084533

Corporation Name

R & B BEEPERS & MAILBOXES INC.

•					
rincipal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE			
378 MADRUGA AVE. DRAL GABLES FL 33146	1578 MADRUGA AVE. CORAL GABLES FL 33146				
	·	3. Date Incorporated or Qualifed 09/30/1997			
Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0784387			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired Fee			
City & State	City & State	6. Election Campaign Financing 55. Trust Fund Contribution Add			
Zip Country	Zip Country	8. This corporation owes the current year Intangible			

Jan 29, 1999 8:00am
Secretary of State
01-29-1999 90022 048 ****150.00

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Applied For Not Applicable

Suite, Apt.	#, etc.	27	οι. π , σι ο.			5. Certifcate of Status Desired	1 1 . • • • • •	Required
City & State	e	City & S	tate			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip .	Country	Zip	.	Count	try	8. This corporation owes the curren		
, ZIP	25	29	· 30		Personal Property Tax.	Yes	□No	
L	9. Name and Address of Current F			"		10. Name and Address of New Re	aistered Agent	
		15"		Ε	1 Name			
ROD	PRIGUEZ, SENIA P						<u> </u>	<u> </u>
	43 S.W. 45TH TERRACE			18	32 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)	
	MI FL 33175			5	33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2415/241761551
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		r		8	34 City		85 Zip	Code
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office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such d	change was autr	ionzed t	ov the corpora	ation's board of directors. I hereby accept t	he appointment as r	egistered
IGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable.	(NOTE: Re	gistered A	gent signature requ	uired when reinstating)	DATE	
2	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
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ME .	RODRIGUEZ, SENIA P			1.2 NAM	E			
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TY-ST-ZIP	MIAMI FL 33175			1.4 CITY	-ST-ZIP	:		
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ME		•		2.2 NAM	E	•		
REET ADDRESS		•		2.3 STR	EET ADDRESS	•	1	
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11-31-71L	<u> </u>					n Section 119.07(3)(i), Florida Statutes. I f	115 . 4h - 4 4h -	information.

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 informatic 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

<u> 1-11-99</u>

Daytime Phone #

CR2E034 (11/98)