

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

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

05-05-1999 90215 010 \*\*\*150.00

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1. Corporation Name

ARENAL CELLULAR, CORP.

Principal Place of Business

7200 N.W. 31 ST.  
MIAMI FL 33122

Mailing Address

7200 N.W. 31 ST.  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

4. FEI Number

65-0786822

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

GUTIERREZ, EDUARDO  
4761 N.W. 97 PLACE  
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8601 NW 72 ST

83

84 City MIAMI

FL

85 Zip Code 33166

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.

EDUARDO GUTIERREZ

4-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GUTIERREZ, EDUARDO  
STREET ADDRESS 7200 N.W. 31 STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE VP ☒ DELETE

NAME ARIZALETA, PEDRO  
STREET ADDRESS 7200 N.W. 31 STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE D ☐ DELETE

NAME CHAKOUR, KARIN  
STREET ADDRESS 7200 N.W. 31 STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Eduardo Gutierrez  
1.3 STREET ADDRESS 9817 NW 45th LANE  
1.4 CITY-ST-ZIP MIAMI, FL 33178

2.1 TITLE VP/S ☐ Change ☒ Addition

2.2 NAME ROSALES, KLEVER  
2.3 STREET ADDRESS 5420 NW 114 AVE., #103  
2.4 CITY-ST-ZIP MIAMI, FL 33178

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME CHAKOUR KARIN  
3.3 STREET ADDRESS 8601 NW 72nd ST  
3.4 CITY-ST-ZIP MIAMI FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-26-99 (305) 4639195

CR2E034 (1/98)

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