SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000090320 (7)

**FILED** Sep 30 1998 8:00am Secretary of State

CELLULAR U.S.A., INC.									10		
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				•							
Principal Plac	e of Business	Mailing Add	Mailing Address					L INDALANI IID SOIIL IDDES DREEL DDEIL ROLLI DRAID ID	ISO DOIND FILLD DIDIL DON AND L		
12766 W. DIXIE	HIGHWAY	8510 SHERM	8510 SHERMAN CIRCLE NORTH								
MIAMI FL 3316			MIRAMAR FL 33025						<b>A</b> D		
}								DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified		
2 Principal P	Place of Busine	2a Mailing	2a. Mailing Address					10/20/1997 4. FEI Number	Applied For		
21	Timopal Tidos of positioss			26 8510 SHERMAN CIRCLE NORTH				TH	65-0790760	Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						\$8.75 Additional		
22		L	F=1 40-0000					5. Certificate of Status Desired	Fee Required		
City & Stal	le		City & State					6. Election Campaign Financing	\$5.00 May Be		
23	.]			28 MIRAMAR, FL					Trust Fund Contribution	Added to Fees	
Zip		Country	Zip		Co	untry			8. This corporation owes or has paid the curre	nt year Intengible	
24	2	5	[29] <i>3</i> 3	3025	30		<u>ري.ل</u>		Personal Property Tax due June 30.	Yes No	
<del> </del>	9. Name a	nd Address of Curren	t Registered Ag	jent		1			10. Name and Address of New Registered A	gent	
	ossi <b>e</b> re, to					81	Name				
12768 W. DIXIE HIGHWAY						82	Street A	Address (P.O. Box Number is Not Acceptable)			
MIAN	AI FL <b>3</b> 3161										
						83					
						84	City			85 Zip Code	
									<u> </u>		
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 wit	h, and accept the obliga	tions of, section	607.0505, FI	orida Sta	tutes	i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a second of an edition of the second of the separate	and do regional	
SIGNATURE											
12.	Signature, typed or	printed name of registered agen OFFICERS ANI		(N	OTE: Regist		gent signatur	e require	ADDITIONS/CHANGES TO OFFICERS AN	DIPECTORS IN 12	
TITLE	D	OF TOLING AN	F DIRECTORS	DELETE	1.17				ADDITIONO/OFFATOES TO OFFICE AND	F	
NAME	LABOSSIER	F TONV B		DECE IC	1.2 N		ł		<b>-</b>	_ Change _ Addition	
STREET ADDRESS				<b>.</b>			ADDRESS				
CITY-ST-ZIP	MIAMI FL 3					TY-ST					
TITLE	ten gin 1 C O	<u> </u>		DELETE	2.1 T			V		Change Addition	
NAME			L		2.2 N	AME	i	1A			
STREET ADDRESS					2.3 8	TREET.	ADDRESS	133	BOSSIERE, PIERRE 331 N. MIAMI COURT		
CITY-ST-ZIP					2.4 C	ITY-ST	-ZIP	M	IAMI, FL 33/68		
TITLE				DELETE	3.1 T	TLE				Change Addition	
NAME			_		3.2 N	AME		D	ANIEL LABOSSIERE		
STREET ADDRESS					3.3 8	TREET.	ADDRESS	8	5 NE 131 ST		
CITY-ST-ZiP					3.4 C	ITY-ST-	-ZIP		11AM1, FZ 33161		
TITLE				DELETE	4.1 TI	TLE		5		Change Addition	
NAME					4.2 N	AME		ZÁ	BOSSIERE, JULIET		
STREET ADDRESS					4.3 S	TREET	ADDRESS	85	BOSSIERE, DULIET ID SHERMAN CIRCLE NORT RANDR, FL 33005	TH C 208	
CITY-ST-ZIP					4.4 C	ITY-ST	-ZIP	MI	RAMAR FL 33025		
TITLE				DELETE	5.1 TI	TLE		_	, , , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME					5.2 N	AME	J				
STREET ADDRESS					5.3 S	reet.	ADDRESS				
CITY-ST-ZIP					5.4 C	ITY-ST	-21P				
TITLE				DELETE	6.1 TI	TLE	T			Change Addition	
NAME					6.2 N	AME					
STREET ADDRESS					63 S1	TREET.	ADDRESS				
CITY-ST-ZIP	<u> </u>				6.4 C	TY-ST-	ZIP				
# #		Annual Control of the	ALL PILL AL						. aan natoto Michael Dichae, 13 17 17		

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.

8/25/98 (305)2138715