

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).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000097407 (5)

1. Corporation Name
 STERLING WIRELESS, INC.



Principal Place of Business Mailing Address
 15952 WEST STATE ROAD 84 15952 WEST STATE ROAD 84
 SUNRISE FL 33326 SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 2962 C Aventura Blvd 26 2962 C Aventura Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 23 Aventura, Florida 28 Aventura, Florida
 City & State City & State
 Zip Country Zip Country
 24 33180 25 USA 29 33180 30 USA

3. Date Incorporated or Qualified
 11/12/1997
 4. FEI Number Applied For
 65-0826032 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 FAMILANT, LEN
 15952 WEST STATE ROAD 84
 SUNRISE FL 33326

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.050 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME David A. Steinberg
 STREET ADDRESS 11225 New Hampshire Avenue
 CITY-ST-ZIP Silver Spring, MD 20904
 TITLE DELETE
 NAME Len Familant
 STREET ADDRESS 15952 W. State Rd 84
 CITY-ST-ZIP Sunrise, Florida 33326
 TITLE DELETE
 NAME Diane Piegat
 STREET ADDRESS 11225 New Hampshire Ave
 CITY-ST-ZIP Silver Spring, MD 20904
 TITLE DELETE
 NAME Michelle Killman
 STREET ADDRESS 11225 New Hampshire Ave
 CITY-ST-ZIP Silver Spring, MD 20904
 TITLE DELETE
 NAME David A. Steinberg
 STREET ADDRESS 11225 New Hampshire Ave
 CITY-ST-ZIP Silver Spring, MD 20904
 TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 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.

SIGNATURE: [Signature] 9/23/98 (301) 754-1000

CR2E034 (5/98)