FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 04 1998 8:00am Secretary of State

| DOCUMENT # | P97000108811 | (5) |
|------------------|--------------|-----|
| CELLULAR DISCOVE | RIES, INC. | |

| CELLU | LAN DISCOVENIES, INC. | | | | |
|--|--|------------------------------------|--|---|--|
| Principal Plac | e of Business | Mailing Address | | -{ | RLOL CALAL LALAE LEBRE (1921 1881 |
| 19420 E. COI | UNTRY CLUB DR. | 19420 E. COUNTRY CLUB | DR. | | |
| AVENTURA F | | AVENTURA FL 33180 | | DO MOT MODITE IN THE | B 0D 100 |
| | | | | DO NOT WRITE IN THI | 5 SPACE |
| | | | | 1 | ł |
| 9. Principal P | lace of Business 9 NE 2015TREET | 2a Mailing Address | | 12/29/1997 4. FEL Number | Applied For |
| 21 365 | 9 NE POISTREET | 26. Mailing Address 26. 3659 NE | 201 STREET | 59-3503542 | Not Applicable |
| Suite, Apt. | ₩, etc. | Suite, Apt. #, etc. | 100. 31.0001 | F=1 | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | 915.10 - 1 | City & State | a 1 | 6. Election Campaign Financing | \$5.00 May Be |
| 23 HVE | NIORA, PC | 28 AVENTUR | | Trust Fund Contribution | Added to Fees |
| 200 | Country | 33180 | Country | 8. This corporation owes or has paid the c | urrent year Intangible |
| 24 331 | 00 25 0.5 | | 30 0.5. | Personal Property Tax due June 30. | ☐ Yes ☐ No |
| | g. Name and Address of Current | legistered Agent | 01 1 | 10. Name and Address of New Registere | d Agent |
| | DBER CORPORATE AGENTS, INC. | | 81 Name | | |
| 2601 S. BAYSHORE DR., 19TH FLOOR 82 Street Additional Street Addit | | | ess (P.O. Box Number is Not Acceptable) | | |
| MI/ | AMI FL 33133 | | <u> </u> | | |
| | | | 83 | | |
| • | | | 84 City | | 85 Zip Code |
| | | | | <u> </u> | |
| office or r | to the provisions at Sections 607.0502 a egistered agent, or both, in the State of im familiar with, and accept the obligation | Florida Such change was au | thorized by the corporat | oration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the second statement of the second statement | of changing its registered oppointment as registered |
| SIGNATURE | | | | | ł |
| | Signature typind or presed name of requiered agont a | | Registered Agent signature requir- | | |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | D CLEENING FOLD II | ☐ DELETE | 1.1 TITLE | | Change Maddition |
| NAME | CLEEMPUT, ERIC V | | 1.2 NAME | | |
| STREET ADDRESS | DESGUINLEI, 214 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 2018 ANTWERP, BELGIUM | DELETE | 1.4 CITY-ST-ZIP | | Flower Flagger |
| TITLE | | L'I nettit | 21 TITLE | | Change Addition |
| NAME | | | 2.2 NAMÉ | 4.7 | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 2 4 CITY - ST - ZIP | | Change Addition |
| TITLE | | ∟ טנננונ | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME OTOTES ADDRESS | | | 3.2 NAME | | ļ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| TITLE | | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| NAME | | [] Office | i | | El outube El volution |
| STREET ADDRESS | | | 4. 2 NAME | | |
| 1 | | | 4.3 STREET ADDRESS | | } |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CHY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME | | C DECENT | 5.2 NAME | | C outpings C required to |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | h 1 | | |
| TITLE | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | | | |
| CITY-SI-ZIP | | | 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 each; 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PHANTS IN AUE OF SIGNING DEFICER ON DIRECTOR

5/27/98

305-931-7516