## 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 04, 1999 8:00 am Secretary of State

05-04-1999 90136 032 \*\*\*150.00

## DOCUMENT # **P98000009074**1. Corporation Name

CCC CELLULARS & BEEPERS, INC.

Principal Place of Business				
17600	NORTHWEST	68TH	<b>AVENUE</b>	
SUITE	308			
MIAMI	FL 33015			

Mailing Address

17600 NORTHWEST 68TH AVENUE

SUITE 308 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Personal Pi  9. Name and Address of Current Registered Agent  AMERILAWYER  343 ALMERIA AVENUE  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Personal Pi  10. Name and  81 Name  Suite, Apt. #, etc.  5. Certificate of  Country  Personal Pi  10. Name and  Current Registered Agent  Suite, Apt. #, etc.  5. Certificate of  Country  Personal Pi  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  8. This corpor  Personal Pi  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Trust Fund  Trust Fund  Trust Fund  Suite, Apt. #, etc.  5. Certificate of  Trust Fund  Tru	Applied For Not Applicable  Sof Status Desired Stat
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of City & State  Zip  Country  Zip  Country  Personal Pi  9. Name and Address of Current Registered Agent  AMERILAWYER  343 ALMERIA AVENUE  Suite, Apt. #, etc.  5. Certificate of City & State  Country  Personal Pi  10. Name and  81 Name  C  Street Address (P.O. Box Nur	of Status Desired
City & State Country Country Personal Pi  9. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE  81 Name C  82 Street Address (P.O. Box Nur	ampaign Financing \$5.00 May Be Added to Fees ration owes the current year Intangible Property Tax.
City & State    City & State   City & State   City & State   City & State   City & State   Country   Registered Agent   Registered Agent   Country   Country   Country   Country   Country   Registered Agent   Registered Agent   Country   Country   Registered Agent   Registered	Contribution Added to Fees ration owes the current year Intangible Property Tax. Yes
Zip Country Zip Country 33 0 / 5 25 DAOE 29 33 0 / 5 30 DADE 8. This corpor Personal Program and Address of Current Registered Agent 10. Name and AMERILAWYER 343 ALMERIA AVENUE 82 Street Address (P.O. Box Nur Country American Address (P.O. Box Nur Country Address (P.O. Box Nu	Property Tax.
9. Name and Address of Current Registered Agent  AMERILAWYER  343 ALMERIA AVENUE  82 Street Address (P.O. Box Nur	10001,
AMERILAWYER  343 ALMERIA AVENUE  81 Name C  82 Street Address (P.O. Box Nur	
343 ALMERIA AVENUE  Street Address (P.O. Box Nur	· <del></del> 1 - · 1
343 ALMERIA AVENUE SSS UL	- 10600
CORAL CARLES EL COACA	mber is Not Acceptable)
CORAL GABLES FL 33134	2 3 1/4 1
84 City M/Am/	FL 85 330/5
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	is statement for the purpose of changing its registered ctors. I hereby accept the appointment as registered
SIGNATURE Orthon C. Toban John C. TOBON Mesid	leat
Signatur, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
	S/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME TOBON, JOHN C 1.2 NAME	
STREET ADDRESS 17600 NORTHWEST 68TH AVENUE 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015 1.4 CITY-ST-ZIP	
THILE CEOD DELETE 21 TITLE	☐ Change ☐ Addition
NAME ZAPATA, CARLOS A 22 NAME	
STREET ADDRESS 17600 NORTHWEST 68TH AVENUE 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015 2.4 CITY-ST-ZIP	
TITLE 3.1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP  TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
OTTAL POSITION	
DEETE STITE	☐ Change ☐ Addition
CONMIT	
TA OTHER ACCOUNTS	
STREET NUMBERS	
CATTO	☐ Change ☐ Addition
E CANAME	_ Sharige ☐ Adolutin
NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-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	

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.

CRZE034 (11/98)

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