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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000013338

1. Corporation Name

INNOVATIVE WIRELESS CONCEPTS INC.

Principal Place of Business
7350 BROOKVIEW CIRCLE
TAMPA FL 33634

Mailing Address
7350 BROOKVIEW CIRCLE
TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1998	
21		26		4. FEI Number 59-3491603	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		9. Name and Address of Current Registered Agent	
24		25		29	
Country		Country		30	

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD SUITE A
SEMINOLE FL 33777

81 Name **Carlos Medina**
 82 Street Address (P.O. Box Number is Not Acceptable)
4717 W. Estrella ST
 83
 84 City **TAMPA** FL 85 Zip Code **33629**

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 *Carlos Medina*

(NOTE: Registered Agent signature required when reappointing)

DATE

1-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LUIS CUEVAS
STREET ADDRESS		1.3 STREET ADDRESS	7350 Brookview Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Carlos A. Medina
STREET ADDRESS		2.3 STREET ADDRESS	4717 W. Estrella ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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), 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

Carlos Medina (Vice President)**1-19-99**

Date

7274393143

Daytime Phone #

CR2E034 (1/98)