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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000016741

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90075 038 ***150.00

WIRELESS NETWORK INC. Principal Place of Business Mailing Address 2686 S.W. 28TH LANE 2686 S.W. 28TH LANE MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/20/1998 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 2757 S.W. 27 AVE. 65-0811016 Not Applicable 26 21 Suite, Apt. #, etc. \$8:75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State PL MIRMI Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Zip Zip Z Yes □N₀ Personal Property Tax. 33133 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GONZALEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 82 1525 MANTUA AVE. **CORAL GABLES FL 33146** 83 Zip Code 85 84 City 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE GONZALEZ, FRANCISCO JR. 1.2 NAME NAME STREET ADDRESS 1525 MANTUA AVE. 1.3 STREET ADDRESS CORAL GABLES FL 33146 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change | ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME

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 a n all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ND TYPED OR PRINTED NAME OF SIGNING OFF CER OR DIRECTOR

STREET ADDRESS

305-860-6237

CR2E034 (11/98)