

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90120 008 ***150.00

DOCUMENT # P98000017129

1. Corporation Name

INTERNATIONAL PAGING SYSTEM INC.

Principal Place of Business

11601 BISCAYNE BLVD., SUITE 204
MIAMI FL 33161

Mailing Address

11601 BISCAYNE BLVD., SUITE 204
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

65-0820003

Applied For

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

PIERRE, ANDRE D
6301 BISCAYNE BLVD., SUITE 101
BANYAN BAY
MIAMI FL 33138

10. Name and Address of New Registered Agent

81. Name

DIDIER HERIVEAUX

82. Street Address (P.O. Box Number, is Not Acceptable)

9333 SW 166 AVE

83. City

MIAMI

FL

85. Zip Code

33196

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

(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 PCD ☐ DELETE

NAME HERIVEAUX, DIDIER
STREET ADDRESS 9333 SW 166 AVENUE
CITY-ST-ZIP MIAMI FL 33193

TITLE VTD ☐ DELETE

NAME KAUFMAN, RICHARD
STREET ADDRESS 60 RUE GEFFRARD, PETION-VILLE
CITY-ST-ZIP HAITI, W.I.

TITLE VSD ☐ DELETE

NAME LASSEGUE, PIERRE-RICHARD
STREET ADDRESS 16263 SW 76 STREET
CITY-ST-ZIP MIAMI FL 33193

TITLE D ☐ DELETE

NAME HERIVEAUX, DOMINIQUE
STREET ADDRESS 15512 SW 60 STREET
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME PATRICK CARDOZO
1.3 STREET ADDRESS 60 RUE GEFFRARD, Petionville
1.4 CITY-ST-ZIP HAITI, WI

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Liset Belancourt
2.3 STREET ADDRESS 60 RUE GEFFRARD, Petionville
2.4 CITY-ST-ZIP HAITI, WI

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, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)