

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90226 004 ***150.00

DOCUMENT # P98000023113

1. Corporation Name
A-1 WIRELESS, INC.



Principal Place of Business
**6022 S DIXIE HWY
MIAMI FL 33143-5001**

Mailing Address
**6022 S DIXIE HWY
MIAMI FL 33143-5001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

2. Principal Place of Business,

21 **6022 S. Dixie Hwy**

Suite, Apt. #, etc.

22 **Miami, FL 33143**

City & State

23 **33143 U.S.A**

Zip

Country

24

25

2a. Mailing Address

26 **SAME.**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

650824405

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

9. Name and Address of Current Registered Agent

**ABADIA, ALFREDO
6022 S DIXIE HWY
MIAMI FL 33143-5001**

10. Name and Address of New Registered Agent

81 Name **Ramirez, Karen**

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

6022 S. Dixie Hwy

83 **Miami, FL 33143**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

1/8/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RAMIREZ, KAREN**
STREET ADDRESS **6022 S. DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33143-5001**

TITLE **D** ☐ DELETE
NAME **ABADIA, ALFREDO**
STREET ADDRESS **6022 S. DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33143-5001**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

1/8/99 (305) 668-9900

CR2E034 (11/98)