## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038916 V

WIREDZONE DISTRIBUTION, INC.

## **FILED** Jul 16, 1999 8:00 am Secretary of State

07-16-1999 90010 011 \*\*\*550.00



Principal Place	<del></del>				<u> </u>		
гіністраї гіасс	e of Business	Mailing Address					
9392 SW 77 AVENUE #E7 MIAMI FL 33156		9392 SW 77 AVENUE : MIAMI FL 33156	#E7				
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 04/29/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 7311	NW 12 STREE	T 26 SA-M	E		65-0831460		Not Applicable
Suite, Apt.	#, etc. E 2-0	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.1	00 May Be
23 MIA		28			Trust Fund Contribution	•	ed to Fees
7in	Country	SA Zip	Cou	untry	8. This corporation owes the current year	_/	
33 2	DADE	29	30		Intangible Personal Property.	✓ Yes	∐ No
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registers	d Agent	
EELIV	CICELA			81 Name			•
	(, gisela Sw 77 avenue #e7			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAM	II FL 33156			83			
				84 City		85 2	ip Code
				Oity	F	<b>L</b> ]"   ^	.p 0000
office or r	registered agent, or both, in the St		vas authorize	ed by the corporat	tion's board of directors. I hereby accept the app	ointment as	registered
office or a agent. I a SIGNATURE	to the provisions of sections 607.0 registered agent, or both, in the Si am familiar with, and accept the ol Signature, typed or printed name of registered	tate of Florida. Such change w bligations of, section 607.0505	vas authorize 5, Florida Star	ed by the corporat	ion's board of directors. I hereby accept the app	ointment as	
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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.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 640-0300