## 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

## DOCUMENT # P98000045309

STREET ADDRESS

CITY-ST-ZIP

WIRELESS PLANET COMMUNICATIONS CORP.

Principal Place of Business Mailing Address					[159] \$10 10101 10111 00111 00111 00111 01112 0111 01101 01150 1111 60110 1111 1001		
3969 N FEDERAL HWY 3969 N FEDERAL HWY					'		
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064					DO NOT WRITE IN THIS SPACE		
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					05/18/1998		
2 Principal E	lace of Business	2a, Mailing Address			4. FEI Number Applied For		
<del>-</del>	lace of Business	26			65083 4579 Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22	,	27			5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23					Trust Fund Contribution Added to Fees		
Zip ~	p Country Zip Country				This corporation owes the current year Intangible		
24	25	29 30	<u> </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	- 04		10. Name and Address of New Registered Agent		
DDA	NDAO MADOOS		81	Name	<i>t</i>		
BRANDAO, MARCOS			82	Street /	t Address (P.O. Box Number is Not Acceptable)		
523 TRACE CIR, #205 DEERFIELD BEACH FL 33441							
UEE	NEILD BEACH FL 33441		83				
			84	City	FL 85 Zip Code		
		1 007 4500 Fly ide Ovetstee	45 - 05 000		d corporation submits this statement for the purpose of changing its registered		
office or agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes		poration's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered agent			it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		Resident Change Maddition		
TITLE		- Octere	1.2 NAME		Treside II L		
NAME			1.3 STREET	ADORESS	MARCOS S. Brandon 523 Trace Cide # 205		
STREET ADDRESS			1.4 CITY-S		Deer field Bch, F1 33441		
TITLE		☐ DELETE	2.1 TITLE	1-21	Change Addition		
NAME		_	2.2 NAME		José Vascon Celos IR.		
STREET ADDRESS			2.3 STREET	ADDRESS	4231 N.W. 9th Ave.		
			2. 4 CITY-S		Pompeno Beach, Fl 33064		
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	3		
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS	\$		
CITY-ST-ZIP			4 4 CiTY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE		Change Addition		
NAME			5.2 NAME		The first of Congress of the Congress		
STREET ADDRESS			5 3 STREET	FADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	and the second s		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME		, ,	62 NAME				

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 of 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:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90202 034 \*\*\*150.00