

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90011 041 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000062724

1. Corporation Name  
SUNSHINE PAGING SERVICES, INC.

Principal Place of Business  
550 BRICKELL AVENUE  
SUITE 501  
MIAMI FL 33131

Mailing Address  
550 BRICKELL AVENUE  
SUITE 501  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
07/16/1998

4. FEI Number  
65-0856211

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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  
21 15366 NW 79 Ct  
Suite, Apt. #, etc.  
22  
City & State  
23 Miami Lakes FL  
Zip  
24 33016  
Country  
25 USA

2a. Mailing Address  
26 15366 NW 79 Ct  
Suite, Apt. #, etc.  
27  
City & State  
28 Miami Lakes FL  
Zip  
29 33016  
Country  
30 USA

9. Name and Address of Current Registered Agent  
DE YURRE, VICTOR H  
550 BRICKELL AVENUE  
SUITE 501  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DE YURRE, VICTOR H	1.2 NAME	
STREET ADDRESS	550 BRICKELL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	D Alfredo Ruiz
STREET ADDRESS		2.3 STREET ADDRESS	15366 NW 79 Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami Lakes FL 33016
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99 305-820-3606  
Date Daytime Phone #

CR2E034 (11/98)