SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700).

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 SEP -2 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065409

1. Corporation Name

CELLULAR US, INC.

Principal Place of Business	Mailing Address
13451 SW 101 Lanes Miami, Fl. 33186	13451 SW 101 Lane MIAMI, Fl. 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 7/23/98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0864942 — Applied For / Not Applicable
City & State 23	City & State 29	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STELLA R. GUEVARA
13451 SW 101 Ln.
Miami, Fl. 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9083 SW 133 Place
83
84 City Miami — FL — 85 Zip Code 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	13.
TITLE D NAME GUEVARA, JOSE G. STREET ADDRESS 13451 SW 101 Lane CITY-ST-ZIP Miami, Fl. 33186 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	21 TITLE V President 22 NAME Guevara, Fernando A. 23 STREET ADDRESS 1812 Salerno Circle 24 CITY-ST-ZIP Weston, Fl. 33327 ☐ Change ☒ Addition
TITLE S/T NAME Stella R. Guevara STREET ADDRESS 9083 SW 133 Place CITY-ST-ZIP Miami, Fl. 33186 ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

900002981190 Addition
-09/10/99--01008--002
****158.75 ****158.75

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.

SIGNATURE: _____ Date _____ Daytime Phone # KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

2

CELLULAR USA, INC.
13451 S.W. 101 Lane
Miami, Florida 33186

August 27th, 1999

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Reinstatement Division

Re: Cellular USA, Inc.

Dear Secretary of State:
I request for your Department to consider, a wave of all late fees and or penalties for filling late our 1999 "Annual Report" due to non-receiving form at above-mentioned address. I can assure you that this incident will not happen again and now am aware that it is my responsibility to call your Department and request the form if not received on time.

Wishing, you consider my request.

Respectfully yours,

Stella R. Guevara
President