**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Hairris

Secretary of State DIVISION OF CORPORATIONS

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90042 020 \*\*\*150.00

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DOCUMENT # P98000066983							
1. Corporation Name WIRECOM RETAIL SERVICES, INC.							
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Principal Place	e of Business	Mailing Address		1 Individut LIB JEKEL INTIV RALIY ESKIT ABILIA BYLYN ALI	IN ALIKO ABIDA II	Alma iitt iddt	
888 BRICKELL KEY DR., STE. 2501 888 BRICKELL KEY DR., STE			2501				
MIAM) FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SI	PACE		
				3. Date Incorporated or Qualifed			}
				07/28/1998			J
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		lied For	
21		26		522107670		Applicable	}
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac		
City & Stat		City & State		6. Election Campaign Financing	\$5.00 N		1
City & State		28		Trust Fund Contribution Added to Fees			ľ
ZipCountry		ZipCountry		8. This corporation owes the current year.intangible			
24	25	29 3	0	t dractitus i industry viax.		□No	1
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	<u>jent</u>		ł
OUE	PECHI COPERT		81 Name	QUESUT Roboat			[
	RESHI, ROBERT			ddress (P.O. Box Number is Not Acceptable)		3012	1
888 BRICKELL KEY DR., STE. 2501 MIAMI FL 33131			83	r Boichall Key Miv	<u>e</u> =-		ł
Marani E 33101							1
}			84 City	FL	85 Zip C	191	
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above-named c	orporation submits this statement for the purpose of cr	nanging its r	egistered	1
office or r	registered agent, or both, in the State o	f Florida, Such change was auti	norized by the corpor a Statutes.	orporation submits this statement for the purpose of cration's board of directors. I heraby accept the appoint	ment as reg.	Istered	
SIGNATURE	1811011	Robert a	ULRSUID	Kenistack Haent			l
SIGNATURE	Signature, typed or printed name of registered agent			puired when /einstating) DATE	DIDECTOR	C IN 42	íĝ
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Channe	Addition	17/0
TITLE	Robert Quneshi		1.7 NAME	Robert Quarshi 658 Baichell Koy Pairt #	_ •	,	3
NAME STREET ADDRESS	PROSTORNT Rey	Dr. # 3012	13 STREET ADDRESS	668 Baickell Key Prive #	3012		&
CITY-ST-ZIP	MITANI FL	33/3/	14CITY-ST-ZIP	MIAME, FL 33181			3
TITLE		☐ DELETE	2.1 TITLE		Change	Addition	١٠
NAME	1		22 NAME				ĺ
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP	<u></u>		2.4 CITY-ST-ZIP		Change	Addition	1
TIPLE	}	☐ DELETE	3.1 TITLE		Change:	רין אטטאטור	
NAME	]		3.2 NAME				
STREET ADORESS			3.3 STREET ADDRESS				1
CITY-ST-ZIP	~	DELETE	3.4.CHY-S1-2P		Change	Addition	1
NAME			4, 2 NAME			· · ·	
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 C/TY-ST-ZIP				1
TITLE		☐ DELETE	5.1 TITLE		Change .	Addition	}
NAME			52 NAME		,		
STREET ADDRESS			5.3 STREET ADDRESS				}
CITY-ST-ZIP		☐ DELETE	5,4 CITY-ST-ZIP 6,1 TITLE		Change	Addition	1
TITLE	Į I	C Dereie	62 NAME	•		_	1
NAME			6.3 STREET ADDRESS				}
STREET ADDRESS	Į.		SACITY-ST-ZIP				
UII 1-31-2F	1						*

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

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