- 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

Aug 01, 2000 8:00 am Secretary of State

D.O.O.U	1500		······································		0021 044 **	*150.00
DOCUI	MENT # P98000	097967 /		Į		
i. Corporation	N WIRELESS SERVICES, INC	,		j		
FLUNIUA	ANUCTESS SEVAICES INC	<i>.</i>				
Principal Place	e of Business	Mailing Address				
•		100 E. LINTON BLVD. STE.	157-A			
100 E. LINTON BLVD. STE. 157-A 100 E. LINTON BLVD. STE. 1 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483				55.45.75.45.75.44.75	*** ***	
				DO NOT WRITE IN TI 3. Date Incorporated or Qualifed	HIS SPACE	
				11/18/1998		
2. Principal Pl	lace of Business	2a. Mailing Address	•	A CCI Number	X Ap	plied For
71		26	•	65-0882331	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
						quired::= -
City & State	e	City & State		6. Election Campaign Financing	\$5.00	, I
	Country		Country	8. This corporation owes the current year	Added to	o rees
!	25	29 3	_ ′	Personal Property Tax.		ZNo.
·	9. Name and Address of Current			10. Name and Address of New Register		
	2400 044010		81 Name	Samuel Salgado		
	GADO, SAMUEL		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	·	
	Øsan Juan Drive Ray Beach Fl 33445	-	15	115-B San Juan I	<i>y</i> r	
DELF	WI DENOTITE 33443		83			
	·		84 City	selvan Beach F	L 85 Zp C	3445
11 Pursuant i	to the amylsions of Sections 607.000	2 and 607 1508. Florida Statutes	سلب البراد	mamtion Automity this statement for the numose	of changing its	registered
office or re	egistered agers, or both, in the State of	of Florida. Such change was auti	horized by the corpora la Statutes.	ation's board of directors. I hereby accept the ap	pointment as req	gistered
SIGNATURE				04.	-19-00	. !
SIGITATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature requ		440 0000000	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE NAME	Samuel Salgado	/resident	12 NAME	•		
STREET ADDRESS	1815-B San Juan		1.3 STREET ADDRESS			} {
CITY-ST-ZIP	Delray Beach, F	L 33483	1.4 CITY-ST-ZIP			5
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition (
NAME	_		2.2 NAME			
STREET ADDRESS	•		2.3 STREET ADDRESS		,]
ביי קב יצייט			-2.4 CITY-ST-ZIP	<u> </u>	Change	Addition
шт		☐ DELETE	3.1 TTLE	, <u>.</u>	Citatigo	
NAME	<u> </u>		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	,		3.4. CITY-ST-ZIP			ļ
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u>.</u>		4.4 CITY-ST-ZIP		Change	Addition
IIILE		☐ DELETE	5.1 TITLE 5.2 NAME		Change	
NAME	•		5.3 STREET ADDRESS		•	
STREET ADDRESS			54 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	,		62 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		/	6.4 CITY-ST-ZIP			
	ertify that the information supplied with	h this filing does not qualify for the	he exemption stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the in	normation

indicated on this annual report or supplied with his sling does not quality for the exemption stated in Section 113.07(3)(i). Florida Statutes, indicated 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.

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FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

107005

1999

DOCUMENT # **P98000097967**1. Corporation Name

FLORIDA WIRELESS SERVICES, INC.

Principal Place of Business Mailing Address			·················				
00 E. LINTON BLVD. STE. 157-A 100 E. LINTON BLVD. STE. 1 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					DO NOT WRIT	E IN THIS SPACE	:
		`			3. Date Incorporated or Qualifed	2 114 11110 01 7100	<u> </u>
	•		_		11/18/1998		
2. Principal Place of Business 2a. Mailing Address				· · · · · ·	4. FEI Number 088233	2 j 🔀	Applied For
26		26	<u> </u>		65-08823		Not Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	·	··· <u>·</u> ··	5. Certifcate of Status Desired	1 1	75 Additional e.Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
·		28			Trust Fund Contribution	Adı	ded to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curre		Sel
·!	25	29	30		Personal Property Tax.	∐ Yes	ZNo
	9. Name and Address of Cui	rrent Registered Agent		81 Name	10. Name and Address of New Ro	gistered Agent	
SALC	SADO, SAMUEL			5	jamuel Salaado		
	Øsan Juan Drive		82 Street Addr		ess (P.O. Box Number is Not Acceptab)le)	
	TAY BEACH FL 33445	•		83 (8)	5-B San Juan	<u> </u>	
DELL	MI BENOTIFE 33413]	83]			
	·			B4 City	Van Beach	FL 85	Zin Code
11 Pursuant t	the onvisions of Sections 607.	0502 and 607.1508. Florida Statu	tes, the ab	our named some	amtion fubrile this statement for the n	umose of changin	a its registered
office or re	gistered agent, or both, in the St	ate of Florida. Such change was	authorized	by the corporation	on's board of directors. I hereby accept	the appointment a	is registered
	n familiar with, and accept the ob	ingagoris or, Section 607.0303, Fil	DI KUB GIBILD	163.		04-19-00	1 .
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable, (NOT	E: Registered	Agent signature require		DATE	
12.	- 	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TRE	Sand Salan	12 /O I DELETE	1.1 111	LE .	-	☐ Cha	ınge ∏ Additi
AME	Samuel Salga	ou i president	1.2 NA	ME			
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TTY-ST-ZIP		· ·	4.4 CIT	Y-ST-ZIP			
ITLE	· · · · · · · · · · · · · · · · · · · 	☐ DELETE	5.1 TIT	E		☐ Cha	inge 🗌 Additi
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TREET ADDRESS			5.3 STF	REET ADDRESS			
XTY-ST-ZIP	, -		5.4 CIT	Y-ST-ZIP		_ 	
TILE	:	DELETÉ	6.1 TIT	LE	•	☐ Cha	ınge ∐Additi
MME .	.	•	6.2 NA/	ME		1	
TREET ADDRESS			6.3 \$17	REET ADDRESS		[.	
TTY-ST-ZIP		/	6.4 CIT	Y-ST-ZIP			
	artify that the information cumpling	duets this filing does not qualify for	of the even	notion stated in S	Section 119.07(3)(i), Florida Statutes, I	further certify that	the information

4. 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 informational 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:

Marie Joseph Colon

04-19-00 (521) 243-3338

Daytime Phone #