

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06223** (9)

1. Corporation Name

CELLULAR LABOR CONTRACTING, INC.



Principal Place of Business

**2116 NW 62ND AVENUE
MARGATE FL 33063**

Mailing Address

**2116 NW 62ND AVENUE
MARGATE FL 33063**

3. Date Incorporated or Qualified
10/16/1990

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

21 BOCA RATON FL.

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number
65-0221632

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 BOCA RATON FL.

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 33438

Country

25 U.S.A.

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CUELLAR, GUADALUPE
2116 NW 62 AVENUE
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, by or for principal, of registered agent and the corporation

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD

☐ DELETE

NAME

**CUELLAR, GUADALUPE
2116 NW 62ND AVENUE
MARGATE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VT

☐ DELETE

NAME

**CUELLAR, MARIA A.
2116 NW 62ND AVENUE
MARGATE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VT

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VT

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VT

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VT

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/96 954-968 2899

CR2E034 (12/95)