

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S28955** (0)
1. Corporation Name
SLAM CELLULAR, INC.

Principal Place of Business: **6116 S DIXIE HWY MIAMI FL 33143**
Mailing Address: **6116 S DIXIE HWY MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1991** 3a. Date of Last Report: **05/17/1994**

4. FEI Number: **59-3053633** Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. The corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 15315 S. Dixie Hwy** 2b. Mailing Address: **26 12327 SW 143 Ln.**
City & State: **23 Miami, FL 33157** City & State: **28 Miami, FL**
Zip: **24 33157** County: **25 Dade** Zip: **29 33188** County: **30 Dade**

9. Name and Address of Current Registered Agent
**ROTHSTEIN, LAZARUS
16105 NE 18 AVE
N MIAMI BEACH FL 33162**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation certifies 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12 | |
|----------------------------------|--|---|--|
| 1101 NAME: D MAIR, STEVEN | 1102 STREET ADDRESS: 6116 S DIXIE HWY | 1103 CITY, STATE, ZIP: MIAMI FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: D MAIR, LINDA | 1102 STREET ADDRESS: 6116 S DIXIE HWY | 1103 CITY, STATE, ZIP: MIAMI FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1101 NAME: | 1102 STREET ADDRESS: | 1103 CITY, STATE, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> 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 190.03(2)(b), Florida Statutes. I further certify that the information furnished 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 this corporation or the receiver or trustee appointed to administer the report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, changed or unchanged, with an address.

SIGNATURE: *Linda Mair* 4/27/95 305)233-5600