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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28955** **(0)**

1. Corporation Name
SLAM CELLULAR, INC.

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

2. Principal Place of Business
21: 15315 S. Dixie Hwy
22: Ste. Apt. #, etc: A
23: City & State: Miami, Fl 33157
24: Zip: 33157 25: County: Dade

2a. Mailing Address
26: 12327 SW 143 Ln.
27: Suite, Apt. #, etc:
28: City & State: Miami, Fl
29: Zip: 33186 30: County: Dade

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTHSTEIN, LAZARUS 16105 NE 18 AVE N MIAMI BEACH FL 33162	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 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1) TITLE	D	1) TITLE	☑ Change ☐ Addition
1) NAME	MAIR, STEVEN	1) NAME	
1) STREET ADDRESS	6116 S DIXIE HWY	1) STREET ADDRESS	12327 SW 143 Ln,
1) CITY-ST-ZIP	MIAMI FL	1) CITY-ST-ZIP	
2) TITLE	D	2) TITLE	☑ Change ☐ Addition
2) NAME	MAIR, LINDA	2) NAME	
2) STREET ADDRESS	6116 S DIXIE HWY	2) STREET ADDRESS	12327 SW 143 Ln
2) CITY-ST-ZIP	MIAMI FL	2) CITY-ST-ZIP	
3) TITLE		3) TITLE	☐ Change ☐ Addition
3) NAME		3) NAME	
3) STREET ADDRESS		3) STREET ADDRESS	
3) CITY-ST-ZIP		3) CITY-ST-ZIP	
4) TITLE		4) TITLE	☐ Change ☐ Addition
4) NAME		4) NAME	
4) STREET ADDRESS		4) STREET ADDRESS	
4) CITY-ST-ZIP		4) CITY-ST-ZIP	
5) TITLE		5) TITLE	☐ Change ☐ Addition
5) NAME		5) NAME	
5) STREET ADDRESS		5) STREET ADDRESS	
5) CITY-ST-ZIP		5) CITY-ST-ZIP	
6) TITLE		6) TITLE	☐ Change ☐ Addition
6) NAME		6) NAME	
6) STREET ADDRESS		6) STREET ADDRESS	
6) CITY-ST-ZIP		6) CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 above with an asterisk.

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

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

0184794 CP