

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 531743 (S)  
Corporation Name: Beep 4SA Communication Inc.

Principal Place of Business 8453 SW 40 St Miami FL 33155	Mailing Address SAME
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 2-14-91	3a. Date of Last Report 6-15-96
4. FEI Number 65-0241888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
VEGA, Rody  
8453 SW 40 St  
Miami FL 33155

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.S.D	1.1 TITLE	PRES.
NAME	Rody VEGA	1.2 NAME	TERESA VEGA
STREET ADDRESS	8265 NW 161 TR.	1.3 STREET ADDRESS	8265 NW 161 TR.
CITY, ST, ZIP	MIAMI FL 33016	1.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE		2.1 TITLE	SEC.
NAME		2.2 NAME	TERESA VEGA
STREET ADDRESS		2.3 STREET ADDRESS	8265 NW 161 TR.
CITY, ST, ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE		3.1 TITLE	DIR.
NAME		3.2 NAME	TERESA VEGA
STREET ADDRESS		3.3 STREET ADDRESS	8265 NW 161 TR.
CITY, ST, ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

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\*\*\*165.00

14. I do hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this 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 of this report on an attachment with an address.

SIGNATURE: \_\_\_\_\_ RODY VEGA  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-11-97  
Daytime Phone #: 305 551-2128

CR2E034 (9/96)