PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90114 030 ***150.00

С	OCUMENT	#	S33263
1.	Corporation Name		000200

LC T INTERNATIONAL-CELLULAR-TELEPHONE, INC.

	TEHRATIONAL GELEGEATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place	e of Business	Maili	ing Address					34 (()) 8(8 () 8)	B 21 A 1 A 14 B 1 B 41		
7875 NW 29 ST 7875 NW 29 ST MIAMI FL 33122 MIAMI FL 33122											
US US							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							02/21/1991		· ·		4
2. Principal Pl	lace of Business	2a. M	Mailing Address				4. FEI Number			pplied For	4
21		26					65-0242602			ot Applicable	_
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be	7
23		28					Trust Fund Contribution		•	to Fees	╛
Zip	Country	-	Zip	С	Country		8. This corporation owes the curre	ent year Inta	angible		7
24	25	29		30			Personal Property Tax.		☐ Yes	□No	╛
	9. Name and Address of Current	t Registe	ered Agent				10. Name and Address of New R	egistered /	Agent		1
PO I	AS, ARNULFO				81 N	ame					
1840	ns, annolfo) W 49711-ST≣W 220-18	? West	t 74/47	Terrace	82 Si	treet Addre	ess (P.O. Box Number is Not Accepta	ble)			Ì
	EAH FL 33012 Hial	eah,	, FL 330	216	83			•			7
					84 C	ity		FL	85 Zip	Code	1
11. Pursuant office or	to the provisions of Sections 607,050, egistered agent, or both, in the State of familiar with, and accept the obligation.	2 and 607	7/1508, Florida S	tatutes, the	e above-na zed by the	med corpo	oration submits this statement for the	purpose of t the appoir	changing it	s registered egistered	1
SIGNATURE	- will	Jug C	3·- h	127701	to K	2/000		/19/9 DATE	9.		
SIGNATURE	Signature, typed or printed name of registered agen	t and the if a	applicable.	NOTE: Registe	to K	2/000	when reinstating) ADDITIONS/CHANGES TO OF	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	t and the if a	applicable.	NOTE: Registe	FO KO ered Agent sign	2/000	when reinstating)	DATE			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	t and the if a	applicable.	NOTE: Register 1 E 1.	FO Ko ered Agent sign 13.	2/000	when reinstating)	DATE	D DIRECT	ORS IN 12	117
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO	t and the if a	applicable.	NOTE: Registe 1 E 1.	ered Agent sign 13. // 11 TITLE 2 NAME	agure required	when reinstating)	DATE	D DIRECT	ORS IN 12	111
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR	t and the if a	applicable.	NOTE: Registe 1 1 1 1 1 1 1 1 1 1 1 1 1	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD	pature required	when reinstating)	DATE	D DIRECT	ORS IN 12	111
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL	t and the if a	applicable.	NOTE: Register 1 E 1. 1.	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP	pature required	when reinstating)	DATE	D DIRECT	ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS ANI PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD	t and the if a	errors	Y 77 U NOTE: Register 1	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP	pature required	when reinstating)	DATE	D DIRECT	ORS IN 12 ☐ Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A	t and the if a	errors	Y 77 U	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME	plure required	when reinstating)	DATE	D DIRECT	ORS IN 12 ☐ Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	errors	NOTE: Register 1. 1. 1. 1. E 2. 2. 2.	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD	oress	when reinstating)	DATE	D DIRECT	ORS IN 12 ☐ Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A	t and the if a	papplicable. CTORS DELET	NOTE: Register 1. 1. 1. 1. E 2. 2. 2. 2. 2.	ered Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 4 CITY-ST-ZIP 4 CITY-ST-ZIP 5 CITY-ST-ZIP 4 CITY-ST-ZIP	oress	when reinstating)	DATE	D DIRECTO	ORS IN 12 ☐ Addition	15
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	errors	NOTE: Register 1	reed Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 1 TITLE	oress	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECT	ORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	papplicable. CTORS DELET	NOTE: Register 1	reed Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE	organization required	when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition	15
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	papplicable. CTORS DELET	NOTE: Registor 1	reed Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD	ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO	ORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	DELET	NOTE: Registor 1	reed Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 4 CITY-ST-ZIP 4 CITY-ST-ZIP 4 CITY-ST-ZIP 5 STREET ADD 6 CITY-ST-ZIP	ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	papplicable. CTORS DELET	E 1. 1. 1. 1. 2. 2. 2. E 3. 3. 3. 4.	reed Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE	ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO	ORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	DELET	E 1. 1. 1. 1. 2. 2. 2. E 3. 3. 3. 4.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME	ORESS P ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	DELET	E 1. 1. 1. 2. 2. 2. 2. 4. 3. 3. 3. 4. 4.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME	ORESS ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	DELET	E 1. 1. 1. 2. 2. 2. 2. 4. 3. 3. 4. 4. 4.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 2 NAME 3 STREET ADD 4 CITY-ST-ZIF	ORESS ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE	D DIRECTO Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR	t and the if a	DELET	E 3. 3. 3. 4. 4. 4. 5.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE	ORESS ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AN	D DIRECTO Change Change Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR MIAMI FL	t and the if a	DELET	E 1. 1. 1. 1. 2. 2. 2. 2. 4. 4. 4. 5. 5.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME	ORESS ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AN	D DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD POSADA, FEDERICO 10500 SW 99 STR MIAMI FL SD POSADA, ELIZABETH A 10500 SW 99 STR MIAMI FL	t and the if a	DELET	E 1. 1. 1. 1. 2. 2. 2. 2. 4. 4. 4. 5. 5. 5.	red Agent sign 13. 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE 2 NAME 3 STREET ADD 4 CITY-ST-ZIF 1 TITLE	ORESS ORESS ORESS	when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AN	D DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	

14. 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 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 acceiver 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 part attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS