SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 JUN -7 PM 3 26 DIVISION OF CORFORATIONS SECRETARY OF STATE
TALLAHASSEE.FLORIDA **DOCUMENT #** S43942 (9)LET'S TALK CELLULAR OF AVENTURA, INC. Principal Place of Business Mailing Address 19575 BISCAYNE BLVD. 5200 N W 77TH CT NORTH MIAMI BEACH FL 33180 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1991 05/01/1995 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 65-0254356 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation has hability for intangible tax under s. 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Mamo ROTHSTEIN, LAZ 20801 BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE #505 83 NORTH MIAMI BEACH FL 33180 Ĉŧy 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 hoard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE Stgriature, typical or position can electrical layers and the diapplicant (fig.1)). Respectived Age disc, hardre required when resist unigs. ADDITIONS/CHANGE TO PHOLITS AND PRESENT IN SALE.
-06/07/96--01074 99-03BAddution 12. (96/8)13. DELETE TITLE 11 THEE BEVERIDGE, BRETT NAME ****233.75 1.2 NAME **CR2E034** STREET ADDRESS 19575 BISCAYNE BLVD. 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CHTY - ST - 7H DELETE THILE Change Addition 2.1 111115 MOLINA, NICOLAS NAME 22 NAME 19575 BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL 2 4 CITY - ST - ZI CITY-ST-ZIP TITLE DELETE 3.1 TITLE ____ Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 34 CITY - ST - ZF DELETE TITLE 4.1 THILE Change ____ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST-2H TITLE DELETÉ 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 City - ST- (1) DELETE TIFLE 6 111118 Change Add:tion 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-7IF 14. I do hereby certify that the information supplied with this the instance of the supplied with this the instance of the supplied with this the supplied with this the supplied with the su STURE AND TYPED ON PAINTED NAME OF SIGNING OFFICER OR DIRECTOR BENEFIT AND THE CASE OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

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