

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S45392** (5)

1. Corporation Name

MOBICELL COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

~~9905 SW 72 ST~~
~~SUITE 110~~
~~MIAMI FL 33155~~
~~US~~

~~9905 SW 72 ST~~
~~SUITE 110~~
~~MIAMI FL 33155~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 8518 SW 40 Street

26 8518 SW 40 Street

State Apt #, etc.

State Apt #, etc.

22

27

City & State

City & State

23 Miami, Fl.

28 Miami, Fl.

Zip

Zip

Country

Country

24 33155

25 USA

29 33155

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0254130

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. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

DANIA, SERGIO DUILIO

~~9905 SW 72 ST~~
~~SUITE 110~~
~~MIAMI FL 33155~~

8518 SW 40 Street
Miami, Fl. 33155

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 607.0503 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	D	☐ DELETE
12.2 NAME	DANIA, SERGIO DUILIO	
12.3 STREET ADDRESS	6295 SW 35 STREET	
12.4 CITY, ST, ZIP	MIAMI FL	
12.5 TITLE	VP	☒ DELETE
12.6 NAME	DICATARINA, ALBERTO D	
12.7 STREET ADDRESS	1406 A GARDEN RD	
12.8 CITY, ST, ZIP	CORAL GABLES FL	
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		☐ DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		☐ DELETE
12.16 NAME		
12.17 STREET ADDRESS		
12.18 CITY, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the registered 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 filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

(305)
223-7291

CR2E034 (12/95)