FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26905 (2)

1. Corporation Name
COMPREHENSIVE MOBILE SERVICES, INC.

Principal Place of Business	Mailing Address
~~700 N.W. 42ND AVE~~ 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US	~~700 N.W. 42ND AVE~~ 1200 PONCE DE LEON BLVD CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 747 Ponce De Leon Blvd.	26 747 Ponce De Leon Blvd.
22 Suite, Apt. #, etc. #201	27 Suite, Apt. #, etc. # 201
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLES, FL
24 Zip 33134 — 25 Country DADE	29 Zip 33134 — 30 Country DADE

4. FEI Number: 65-0322013 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1645 S.W. 86 AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable) 600 W. 20th St.
83
84 City Hialeah FL 85 Zip Code 33010

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 [signature] 04/21/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/P/S/T ☒ Change ☐ Addition
NAME	BRACERAS, WILFRED	1 2 NAME	BRACERAS, WILFRED
STREET ADDRESS	1645 S.W. 86 AVE.	1 3 STREET ADDRESS	600 W. 20th St.
CITY ST ZIP	MIAMI FL	1 4 CITY ST ZIP	Hialeah, FL 33010
TITLE	~~D~~	2 1 TITLE	☐ Change ☐ Addition
NAME	~~BEL, BEATRIZ M.~~	2 2 NAME	
STREET ADDRESS	~~2221 COUNTRY CLUB PRADO~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL~~	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with 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; 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 04/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136071 CP