

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44014

(1)

1. Corporation Name

LET'S TALK CELLULAR OF BAYSIDE, INC.

Principal Place of Business

401 BISCAYNE BLVD
#14229
MIAMI BEACH FL 33132

Mailing Address

1912 NW 84 AVE
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/16/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

5700 NW 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

MIAMI FL

Zip

Country

Zip

Country

24

25

29

33166

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1020 E LAFAYETTE ST
SUITE 110A
TALLAHASSEE FL 32301

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 607.0502 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 of the person named as registered agent and the filer)

(Signature of the filer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BEVERIDGE, BRETT
STREET ADDRESS	19575 BISCAYNE BLVD
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	VST
NAME	MOLINA, NICOLAS
STREET ADDRESS	19575 BISCAYNE BLVD
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	D
NAME	MOLINA, NICOLAS
STREET ADDRESS	19575 BISCAYNE BLVD
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	Change	Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
18 TITLE	Change	Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE	Change	Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE	Change	Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE	Change	Addition
31 NAME		
32 STREET ADDRESS		
33 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 Sections 119.077(9)(d), Florida Statutes. I further certify that the information furnished 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 of this report, or on an amendment to this information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President

4-30-95

305-477-8200