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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:19

DOCUMENT # V66699 (2)

1. Corporation Name
CELLULAR CENTER WAREHOUSE, INC.

Principal Place of Business	Mailing Address
3727 NW 72ND AVE MIAMI FL 33122 US	3727 NW 72ND AVE MIAMI FL 33122 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 3100 NW. 72nd AVE.
22 Suite, Apt. #, etc. SUITE 102
23 City & State MIAMI FLORIDA
24 Zip 33122 25 Country U.S.

2a. Mailing Address
26 3100 NW. 72nd AVE
27 Suite, Apt. #, etc. SUITE 102
28 City & State MIAMI FLORIDA.
29 Zip 33122 30 Country U.S.

4. FEI Number: 65-0354080 ☐ 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

GARCIA JOSE M
9466 NW 54 DORAL CIRCLE LANE
SUITE 312
CORAL GABLES FL 33178

10. Name and Address of New Registered Agent

81 Name RAFAEL ENRIQUE, SOSA
82 Street Address (P.O. Box Number is Not Acceptable) 1901 BRICKELL AVE.
83 APT# 1706B.
84 City MIAMI. FL 85 Zip Code 33129

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 _____ 03/09/95
Signature, typed or printed name of registered agent, and if filed applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP	1.1 TITLE	☐ Change ☐ Addition
NAME	SOSA, RAFAEL ENRIQUE	1.2 NAME	
STREET ADDRESS	1901 BRICKELL AVE. 1706B	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SOSA, RAFAEL ANTONIO	2.2 NAME	
STREET ADDRESS	1901 BRICKELL AVE. 1706B	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DTS	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE M	3.2 NAME	
STREET ADDRESS	9466 NW 54 DORAL CIRCLE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ILENE C	4.2 NAME	
STREET ADDRESS	9466 NW 54 DORAL CIRCLE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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 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: _____ 03/09/95 (305) 592-1100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0188888 CR