

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053948 (2)

1. Corporation Name

E & A BEEPERS CORPORATION

Principal Place of Business

6487 S.W. 8TH ST.
MIAMI FL 33144

Mailing Address

6487 S.W. 8TH ST.
MIAMI FL 33144

FILED

Mar 25 1996 8:00 am

Secretary of State



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MORALES, ELENA
12701 N.W. 9TH ST.
MIAMI FL 33182

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 607.0507 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 *Elena Morales*

12. OFFICERS AND DIRECTORS

12.1 TITLE: President
12.2 NAME: Elena Morales
12.3 STREET ADDRESS: 12701 NW 9 St
12.4 CITY-STATE-ZIP: Miami, Florida 33182

12.5 TITLE: [] DELETE

12.6 NAME: [] DELETE

12.7 TITLE: [] DELETE

12.8 NAME: [] DELETE

12.9 TITLE: [] DELETE

12.10 NAME: [] DELETE

12.11 TITLE: [] DELETE

12.12 NAME: [] DELETE

12.13 TITLE: [] DELETE

12.14 NAME: [] DELETE

12.15 TITLE: [] DELETE

12.16 NAME: [] DELETE

12.17 TITLE: [] DELETE

12.18 NAME: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: [] Change [] Addition

13.2 NAME: [] Change [] Addition

13.3 STREET ADDRESS: [] Change [] Addition

13.4 CITY-STATE-ZIP: [] Change [] Addition

13.5 TITLE: [] Change [] Addition

13.6 NAME: [] Change [] Addition

13.7 STREET ADDRESS: [] Change [] Addition

13.8 CITY-STATE-ZIP: [] Change [] Addition

13.9 TITLE: [] Change [] Addition

13.10 NAME: [] Change [] Addition

13.11 STREET ADDRESS: [] Change [] Addition

13.12 CITY-STATE-ZIP: [] Change [] Addition

13.13 TITLE: [] Change [] Addition

13.14 NAME: [] Change [] Addition

13.15 STREET ADDRESS: [] Change [] Addition

13.16 CITY-STATE-ZIP: [] Change [] Addition

13.17 TITLE: [] Change [] Addition

13.18 NAME: [] Change [] Addition

13.19 STREET ADDRESS: [] Change [] Addition

13.20 CITY-STATE-ZIP: [] Change [] Addition

13.21 TITLE: [] Change [] Addition

13.22 NAME: [] Change [] Addition

13.23 STREET ADDRESS: [] Change [] Addition

13.24 CITY-STATE-ZIP: [] Change [] Addition

13.25 TITLE: [] Change [] Addition

13.26 NAME: [] Change [] Addition

13.27 STREET ADDRESS: [] Change [] Addition

13.28 CITY-STATE-ZIP: [] Change [] Addition

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 register 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 *Elena Morales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

CR2E034 (12/95)