

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # P95000067579 (9)

1. Corporation Name
THENET DIGITAL SERVICES, INC.



Principal Place of Business: **100 N. BISCAYNE BOULEVARD, SUITE 1200 MIAMI FL 33132**
Mailing Address: **100 N. BISCAYNE BOULEVARD, SUITE 1200 MIAMI FL 33132**

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	650426957	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

VIGDOR, RON
100 N. BISCAYNE BOULEVARD, SUITE 1200
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	Padilla, Sheryl
82 Street Address (P.O. Box Number is Not Acceptable)	100 N. Biscayne Blvd., Suite 1200
83 City	<i>Sheryl Padilla</i>
84 State	FL
85 Zip Code	33132

*11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0508, Florida Statutes.

SIGNATURE: *Orestes Luis Padilla* **Orestes Luis Padilla** *2/20/96*
Signature of corporation, current registered agent, or director (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CHAIRMAN OF BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIGDOR, RON	1.2 NAME	WILKERSON, THOMAS
STREET ADDRESS	13841 DEERING BAY DRIVE #118	1.3 STREET ADDRESS	1591 Eastlake Way
CITY-ST-ZIP	MIAMI FL 33158	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMAD, ZIAD	2.2 NAME	PADILLA, ORESTES LUIS
STREET ADDRESS	2200 BRICKELL AVE #102	2.3 STREET ADDRESS	5401 Collins Ave., Apt 634
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Miami Beach, Fl. 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIGDOR, RON	3.2 NAME	NIFELD, DAVID
STREET ADDRESS	13841 DEERING BAY DRIVE #118	3.3 STREET ADDRESS	100 N. Biscayne Blvd., Suite 1200
CITY-ST-ZIP	MIAMI FL 33158	3.4 CITY-ST-ZIP	Miami, Fl. 33132
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Intentionally Left Blank <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VIGDOR, RON
STREET ADDRESS		5.3 STREET ADDRESS	13641 Deering Bay Dr., Apt 118
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Fl. 33158
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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, changed, or on an attachment with an address

SIGNATURE: *Orestes Luis Padilla* **Orestes Luis Padilla** *01/22/96* **01/22/96** *305-377-9370* **305-377-9370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)