SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 22 1996 8:00 am
Secretary of State

DOCUMENT # **P95000074912 (3)**

1. Corporation Name
NET.SOL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
COLUMBUS CENTER SUITE 620 ~~ONE ALHAMBRA PLAZA~~ ~~CORAL GABLES FL 33134~~	COLUMBUS CENTER SUITE 620 ~~ONE ALHAMBRA PLAZA~~ ~~CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified: 09/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8880 N.W. 20th STREET	26 8880 N.W. 20th STREET
Suite, Apt. #, etc. 22 SUITE #G	Suite, Apt. #, etc. 27 SUITE #G
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33172 25 U.S.A	Zip / Country 29 33172 30 U.S.A.

4. FEI Number: 65-0681813 ☐ 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

~~BRITO, LEONARDO F PA~~
~~2600 S.W. 3RD AVENUE~~
~~SUITE 301~~
~~MIAMI FL 33129~~

10. Name and Address of New Registered Agent

81 Name: PETE R. PIZARRO
82 Street Address (P.O. Box Number is Not Acceptable): 8880 N.W. 20th STREET
83 SUITE #G
84 City: MIAMI **FL** 85 Zip Code: 33172

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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], REGISTERED AGENT — 8-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, ALEXANDER ONE ALHAMBRA PLAZA SUITE 620 CORAL GABLES FL 33134	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, TED ONE ALHAMBRA PLAZA SUITE 620 CORAL GABLES FL 33134	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETE R. PIZARRO 8880 N.W. 20th STREET SUITE#G MIAMI FLORIDA 33172	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSE JAVIER RODRIGUEZ 8880 N.W. 20th STREET #G MIAMI FLORIDA 33172	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 8/6/96 — 305-471-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #