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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058602 (9)

**USNET CORPORATION** 

STREET ADDRESS

| Principal Place 220 MIRACLE (SUITE 206   |   | Mailing Address  220 MIRACLE MILE SUITE 206  |   |  |  |                               |
|--|---|--|---|--|--|-------------------------------|
| CORAL GABLE  | S FL 33134  | CORAL GABLES FL 33134-   | 5909  | 3. Date incorporated or Qualified 07/12/1996                                       | d 3a, Date of Last R   | eport                         |
| 2. Principal P<br>21 3/55<br>Suite, Apt.   | Place of Business PONCE DE LEON BLY   | 2a, Mailing Address 26 . O. Box Suite, Apt. #, etc.                                    | 141736  | 4. EFI Number 0680   | 185 No   | oplied For<br>of Applicable   |
| 22   |   | 27   | <u>.</u>  | 5. Certificate of Status Desired   | \$8.75 /<br>Fee Re   | equired                       |
| City & Stat  | the Gables I-l  | City & State CORAL GA  | BLES FL   | Election Campaign Financing     Trust Fund Contribution                            | \$5.00 Added to  | •                             |
| 24 <sup>210</sup> 33   | 134 25 Country  |  | Country<br>30   | This corporation has liability to     Florida Statutes                             | Yes No   | . 199.032,                    |
|  | 9. Name and Address of Current  | Registered Agent   | 81 Name   | 10. Name and Address of New I  | Registered Agent   |                               |
| 220<br>SUN   | IVIESO, JOSE R JR.<br>MIRACLE MILE<br>TE 206<br>RAL GABLES FL 33134   |  | []  | dress (PA) Box Number is Not Accept  | ADIGION BLI  | /D                            |
|  |   |  |   | RAL GABLES   | FL 85 Zip  | 50°34                         |
| 11. Pursuant   | to the provisions of Sections 607.0502  | and 607.1508, Florida Statute  | s, the above named co   | orporation submits this statement for the ation's board of directors. I hereby acc | e purpose of changing it                                     | s registered                  |
| office or r  | <b>registered age</b> nt, or both, in the State (   | of Florida. Such change was a  | utnorized by the corpor   | alion's board of directors. Thereby act  | ept the appointment as                                       | registered                    |
| agent. I a   | im familiar with, and accept the obliga-  | tions of, Section 607.0505, Fig.   | rida Statutes.  | ation's board of directors. Thereby acc  | ept the appointment as:<br>4. / 7 . 9                        | registered                    |
| office or r<br>agent. I a<br>SIGNATURE   | registered agent, or both, in the State of am familier with, and accept the obligation of the property of the | tions of, Section 607.0505, Flo  | uthorized by the corporation of |  | L.17.9   | 7                             |
| agent. I a   | am familier with, and accept the oblina   | tions of, Soction 607.0505, Flo  Jose R. 7  Land title if approaching (NOTL  DIRECTORS | rida Statules.<br>タイルSo、 J人。  |  | FICERS AND DIRECTOR  | 7<br>RS IN 12                 |
| agent. I a SIGNATURE  12. TITLE  | am tamiller with, and accopt the obligation   | tions of, Section 607,0505, Flo  José R. Tax  Land title if applicable (NOTE           | Hegistered Agent signature req  | ADDITIONS/CHANGES TO OFF   | FICERS AND DIRECTOR  | 7_                            |
| agent. La<br>SIGNATURE<br>12.<br>TITLE<br>NAME   | am tamiller with, and accopt the obligation   | tions of, Soction 607.0505, Flo  Jose R. 7  Land title if approabile (NOTL  DIRECTORS  | Hepistered Agent signature req  | ADDITIONS/CHANGES TO OFF   | FICERS AND DIRECTOR  Change                                  | RS IN 12                      |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | am tamiller with, and accopt the obligation   | tions of, Soction 607.0505, Flo  Jose R. 7  Land title if approabile (NOTL  DIRECTORS  | Hegistered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  | ADDITIONS/CHANGES TO OFF   | DATE  FICERS AND DIRECTOR  Change  SO JR.  LEON BLV.         | RS IN 12                      |
| SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | am tamiller with, and accopt the obligation   | tions of, Section 607,0505, Flo  J. and Me if applicable (NOTE)  DIRECTORS  DELETE     | Hopstored Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP   | ADDITIONS/CHANGES TO OFF   | DATE  FICERS AND DIRECTOR  Change  SO JR.  LEON BLV.  FL. 83 | S IN 12 Addition              |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  | am tamiller with, and accopt the obligation   | tions of, Section 607,0505, Flo  | Hegistered Agent signature req  13.  1.1 TOTE  1.2 NAME  1.3 STHEFF ADDRESS  1.4 CHY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CHY-ST-ZIP  3.1 TITLE   | ADDITIONS/CHANGES TO OFF   | DATE  FICERS AND DIRECTOR  Change  Change  Change            | RS IN 12 RS Addition Addition |
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| SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | am tamiller with, and accopt the obligation   | tions of, Section 607,0505, Flo  | Hogstond Agent signature req  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE   | ADDITIONS/CHANGES TO OFF   | DATE  FICERS AND DIRECTOR  Change  Change  Change            | RS IN 12 RS Addition Addition |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | am tamiller with, and accopt the obligation   | Land Me of applicable (NOTE)  DELETE  DELETE   | Hogstand Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CHY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CHY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CHY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CHY-ST-ZIP   | ADDITIONS/CHANGES TO OFF   | DATE  FICERS AND DIRECTOR  Change  Change  Change            | Addition  Addition            |
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14. I do hereby certify that the information supplied with this filing 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: