

FILED

May 08 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT STATE
Sandra B. Morn
Secretary of St
DIVISION OF CORPCIONS

DOCUMENT # P96000075197 (9)

1. Corporation Name
POWERNET SOLUTIONS, INC.



Principal Place of Business Mailing Address
4801 SOUTH UNIVERSITY DRIVE, SUITE 247
FT. LAUDERDALE FL 33328

3. Date Incorporated or Qualified 09/10/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 3191 Coral Way
Suite, Apt. #, etc.
22 Suite 115-133
City & State
23 Miami, FL
Zip 33145 Country Dade
24 25 26 27 28 29 30

4. FEI Number 65-0722847
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
11 Name ALEXANDER AKLEPI
12 Street Address (P.O. Box Number is Not Acceptable)
7375 SW 114 STREET
13
14 City Miami FL 85 Zip Code 33156

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KLEIN-AKLEPI, JAMIE	4801 SOUTH UNIVERSITY DRIVE, SUITE 247	FT. LAUDERDALE FL 33328	<input type="checkbox"/>
VSTD	GUBNITSKY, MARIA	4801 SOUTH UNIVERSITY DRIVE, SUITE 247	FT. LAUDERDALE FL 33328	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 11 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

CR2E034 (9/96)