

FILED  
 Jun 04 1998 8:00am  
 Secretary of State

CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra D. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000075197  
 1. Corporation Name  
 POWERNET SOLUTIONS, INC.

Principal Place of Business: 4801 S. UNIVERSITY DR  
 SUITE 247  
 FT. LAUDERDALE, FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3191 Coral Way  
 State, Apt. #, etc: 22 115-133  
 City & State: 23 Miami FL  
 Zip: 24 33145 Country: 25 DAOE  
 2n. Mailing Address: 26 7320 GUNNIN ROAD  
 State, Apt. #, etc: 27 210  
 City & State: 28 Ft. LAUDERDALE FL  
 Zip: 29 33314 Country: 30 BEDWARD

3. Date Incorporated or Qualified: 09/10/96  
 4. FFL 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  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent

JAIME KLEIN - AKLEDI  
 7375 SW 114 STREET  
 MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name:  
 82 Street Address (PO Box Number is Not Acceptable):  
 83 City:  
 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607 (502) and 607 (508), 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 (508), Florida Statutes.

SIGNATURE: *[Signature]*

Signature of President, Secretary, Treasurer and Director (optional)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	JAIME KLEIN - AKLEDI	
STREET ADDRESS	7375 SW 114 AVENUE	
CITY, ST, ZIP	MIAMI FL 33156	
TITLE	V. PRES / SEC / TREAS.	<input type="checkbox"/> DELETE
NAME	MARIO GUBNITSKY	
STREET ADDRESS	17351 SW 58 STREET	
CITY, ST, ZIP	FT. LAUDERDALE, FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
35	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
45	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
55	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	
65	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -06/08/98-01020-042  
 \*\*\*150.00  
 1/9/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, the officer 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 of changed, or on an Attachment with an address.

SIGNATURE: *[Signature]* 4-28-98 954-441-5100

CR2E034 (10/97)