

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000070501 (6)**  
 1. Corporation Name  
**EXPONET INC.**



Principal Place of Business 19248 NW 14 ST PEMBROKE PINES FL 33029	Mailing Address 19248 NW 14 ST PEMBROKE PINES FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19248 NW 14 Street Suite, Apt. #, etc.	2a. Mailing Address 26 19248 NW 14 Street Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES FL Zip 24 33029 Country 25 USA	27 City & State 28 PEMBROKE PINES FL Zip 29 33029 Country 30 USA

3. Date Incorporated or Qualified 08/14/1997	4. FEI Number 65-0784120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**FEBLES, DINORATH**  
 19248 NW 14 ST  
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent  
 81 Name SAME  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 19248 NW 14 Street  
 83  
 84 City PEMBROKE PINES FL 85 Zip Code 33029

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 *Dinorath Febles* **DINORATH FEBLES, VICEPRESIDENT** 04-30-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEBLES LOZADA, DINORATH	
STREET ADDRESS	19248 NW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOZADA, EDGAR	
STREET ADDRESS	19248 NW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERCHAN, LIZZETH	
STREET ADDRESS	8785 NW 169 ST, UNIT C	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERCHAN, RAMON	
STREET ADDRESS	8785 NW 169 ST, UNIT C	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, RONNARD	
STREET ADDRESS	1710 ROOSEVELT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CYNTHIA CEDENO	
2.3 STREET ADDRESS	19248 NW 14 STREET	
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Dinorath Febles* **DINORATH FEBLES** 04-30-98 (305) 691-7240

CR2E034 (10/97)