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

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90073 041 ***150.00

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555774 - 90073 - 41

1. Corporation Name
INVERNET CAPITAL, INC.

Principal Place of Business
7500 N.W. 41 ST STE.108
MIAMI, FL. 33166

Mailing Address
7500 N.W 41 ST STE.108
MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
10/13/97

4. FEI Number
65-0787291
Applied For / Not Applied

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GARCIA, CARLOS
10968 MAINSAIL DR
COOPERE CITY, FL.33025

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
4239 SABAL RIDEE CIRCLE
03
04 City
WESTON FL 05 Zip Code 33331

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
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature or attached consent required) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☐ DELETE
NAME	GARCIA, CARLOS
STREET ADDRESS	10968 MAINSAIL DR
CITY ST ZIP	COOPER CITY, FL33025
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	X Change ☐
1.2 NAME	
1.3 STREET ADDRESS	4239 SABAL RIDEE CIRCLE
1.4 CITY ST ZIP	WESTON, FL. 33331
2.1 TITLE	☐ Change ☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐
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