

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000090303 (3)

1. Corporation Name  
 THE NETTING COMPANY



Principal Place of Business  
 258 S.E. 2ND AVENUE  
 SUITE 1235  
 MIAMI FL 33131

Mailing Address  
 258 S.E. 2ND AVENUE  
 SUITE 1235  
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1411 NE 103rd Street  
 Suite, Apt. #, etc.

27 City & State  
 MIAMI SHORES, FLORIDA

28 Zip Country  
 33138 USA

29 30

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

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

SANTOS, MAURO C  
 25 S.E. SECOND AVENUE  
 SUITE 1235  
 MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, 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  
 NAME WENZEN, KRISTER  
 STREET ADDRESS AV. SERNAMBETINA 2440M BLOCO C APTO 202  
 CITY-ST-ZIP RIO DE JANEIRO RJ BRAZIL

DELETE

TITLE D  
 NAME SHEPHERD, KARIN  
 STREET ADDRESS 135 YACHT CLUB DR. #208  
 CITY-ST-ZIP HYPOLUXO FL 33462

DELETE

TITLE D  
 NAME LIZ, EVA A  
 STREET ADDRESS 555 N.E. 34TH ST. APT 402  
 CITY-ST-ZIP MIAMI FL 33462

DELETE

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
 1.2 NAME EVA MARIA LIS  
 1.3 STREET ADDRESS 1411 NE 103rd Street  
 1.4 CITY-ST-ZIP MIAMI SHORES FL 33138

Change  Addition

2.1 TITLE D  
 2.2 NAME JOSE G. AITKEN  
 2.3 STREET ADDRESS 1411 NE 103rd Street  
 2.4 CITY-ST-ZIP MIAMI SHORES FL 33138

Change  Addition

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS 000002658130  
 -10/08/98--01058--016  
 \*\*\*150.00

Change  Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

Change  Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

Change  Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

Change  Addition

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: EVA MARIA LIS

SEP. 11th 1998 3057597948

CR2E034 (5/98)