

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90129 044 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P98000027310**

1. Corporation Name  
**NETCO CONSULTING CORPORATION**



Principal Place of Business  
 151 MAJORCA AVE. SUITE C  
 CORAL GABLES FL 33134

Mailing Address  
 151 MAJORCA AVE. SUITE C  
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

65-0894613

Applied For

Not Applicable

2. Principal Place of Business

21 2121 Ponce de Leon Blvd

22 Suite, Apt. #, etc.  
 Suite 240

23 City & State  
 Coral Gables, FL

24 Zip 33134 25 Country USA

2a. Mailing Address

21 2121 Ponce de Leon Blvd

27 Suite, Apt. #, etc.  
 Suite 240

28 City & State  
 Coral Gables, FL

29 Zip 33134 30 Country

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

PRATS, GABRIEL  
 151 MAJORCA AVE, SUITE C  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
**GABRIEL PRATS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2121 Ponce de Leon Blvd.**

83  
**Suite 240**

84 City  
**Coral Gables FL**

85 Zip Code  
**33134**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MANTILLA, JAIME E	
STREET ADDRESS	151 MAJORCA AVE, SUITE C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANTILLA, ELSA	
STREET ADDRESS	151 MAJORCA AVE, SUITE C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MANTILLA, JOSE E	
STREET ADDRESS	151 MAJORCA AVE, SUITE C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99  
 Date

305 444 8333  
 Daytime Phone #

CR2E034 (1/98)