-PROFIT CORPORATION ANNUĀL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#98000054211

ADVANCE NETWORK TRADE SERVICES, INC. Mailing Address Principal Place of Business 9133 FOUNTAINBLEAU BLVD Ourrimmettati BLVD. DO NOT WRITE IN THIS SPACE MIAMI FL 33172 FI 33172 3. Date Incorporated or Qualifed 2a. Mailing Address 4. FEI Numbe Applied For 2. Principal Place of Business 6508480 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. ~Fiyeā 29 24 25 19. Name and Address of New Registered Agent Name and Address of Current Registered Agent MUJICA, JOHANNA Street Address (P.O. Box Number is Not Acceptable) 82 9133 FOUNTAINBLEAU BLVD. #4 83 MIAM! FL 33172 Zip Code 7 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submite 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 applicat CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. X Change Addition DELETE 11 me TITLE 12 NAME JOHANNA MUJICA LLANSO, TONY NAME 1.3 STREET ADDRESS STREET ADDRESSIO NW 4TH LANE 9133 FONTAINEBLEAU #4 1.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 MIAMI FL 33172 Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME MUJICA, JOHANNA 2.3 STREET ADDRESS STREET ADORS 150 FOUNTAINBLEAU BLVD. #4 CITY-ST-ZIP MIAMI FL 33172 2.4 CITY- ST-ZJP ☐ Change Addition OELETE 3.1 TITLE me 3.2 NAME NAME 3.3 STREET ADDRES STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1.TTLE =: 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ** ■ Addition Change DELETE S1 MLE TITLE 52 NAME NAME 5.1 STREET ADDRESS STREET ADDRESS 5.4 C/TY+ST-Z0P CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 like receiver or truttles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90067 027 ***150.00