


## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After October 8, 1997. If Dissolved, Minimum Amount  
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 SEP 18 AM 10:09	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L96000001042				1a. Principal Place of Business Address	
<del>EL PRADO VENTURES, LLC</del> NETWORKNET, LLC 601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131		9-8				601 BRICKELL KEY DRIVE STE 80 MIAMI FL 33131	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/03/1996		FL	
City & State		City & State		14. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
ALLEN & GALEGO, 601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____							
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGR		LEGAULT, ROBERT E		601 BRICKELL KEY DRIVE STE		MIAMI FL	
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11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert Legault - MGR. 9-15-97 372-3300

Date

Daytime Phone #