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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M73798

(4)

FLORIDA NETWORKS INC.

ncipal	Place of Business	Mailing A	Addre

FILED Apr 06 1998 8:00am Secretary of State



Prin 70 WESTWARD DR PO BOX 520566 **MIAMI FL 33166** MIAMI FL 33152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1988 2. Principal Place of Business 2a. Mailing Address 4. FÉI Number Applied For P.O. BUX 593296 65-0097846 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ρ_{L} ルルルル 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Inlangible 33159 *ن ۶۸* 24 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FONTANEZ, MARGARITA MRGARISA TON TANEZ 102 CURTISS PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 CityM IAM I 84 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change TITLE FONTANGZ, MAGAIM 1.1 TO LE Addition FONTANEZ, MARGARITA NAME 1.2 NAME 70 WASTWIND DR **102 CURTISS PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS MIAMI 12L MIAMI FL CITY-ST-ZIP 1.4 CHY-ST-ZIP PONTANEZ, MARGORITA Wichange 70 WOSTWALL DR TITLE D DELETE 21 TITLE Addition FONTANEZ, MARGARITA NAME 2.2 NAME 102 CURTISS PARKWAY STREET ADDRESS 2.3 STREET ADDRESS MIANI PL 33166 MIAMI FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 armual 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