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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000000610 (4)

1. Corporation Name

MIVNET CORPORATION

Principal Place of Business

150 WEST FLAGLER STREET  
MUSEUM TOWER STE. 2950  
MIAMI FL 33130

Mailing Address

150 WEST FLAGLER STREET  
MUSEUM TOWER STE. 2950  
MIAMI FL 33130-1536



3. Date Incorporated or Qualified  
02/06/1995

3a. Date of Last Report  
05/23/1996

4. FEI Number  
65-0584636

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVY, MARK  
150 WEST FLAGLER STREET  
MUSEUM TOWER STE. 2950  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name Jonathon Marks c/o Robinson & Marks, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1570 NE 162nd Street #200  
83  
84 City N. Miami Beach FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Jonathon Marks*

1-24-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEVY, MARK	
STREET ADDRESS	150 WEST FLAGLER STREET STE. 2950	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLEY, LYNN	
STREET ADDRESS	119 E COURT ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTER, GREG	
STREET ADDRESS	12825 FIRST AVENUE SOUTH	
CITY-ST-ZIP	SEATTLE WA 98168	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, GORDON J	
STREET ADDRESS	130 ADELAIDE STREET WEST 35TH FLOOR	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANSON, GERALD	
STREET ADDRESS	200 RENAISSANCE CENTER STE. 655	
CITY-ST-ZIP	DETROIT MI 48243	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINK, RALPH	
STREET ADDRESS	24 WEST 40TH STREET STE. 1500	
CITY-ST-ZIP	NEW YORK NY 10018	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEVY, MARK	
1.3 STREET ADDRESS	150 W. FLAGLER ST #2950	
1.4 CITY-ST-ZIP	MIAMI, FL. 33130	
2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cherubin, Marino	
2.3 STREET ADDRESS	130 Adelaide St W. 36th FLR	
2.4 CITY-ST-ZIP	Toronto, Ontario M8V2M4	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dunaiet, Jonathon c/o COLORTONE	
3.3 STREET ADDRESS	76 S. Central Avenue	
3.4 CITY-ST-ZIP	ELMSFORD, NY 10523	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANIEL, STEVE c/o IHS	
4.3 STREET ADDRESS	4201 Corporate Drive	
4.4 CITY-ST-ZIP	W. DES MOINES, IA 50365	
5.1 TITLE	Halliday, Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1201 ORTANGY RIVER ROAD	
5.4 CITY-ST-ZIP	Columbus, OH 43201	
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark Levy*

1/25/97

866 464 8638

CR2E037 (9/96)