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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000610 (4)**

1. Corporation Name

MIVNET CORPORATION

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Thomas Center # 210

26 3389 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 172 W. Flagler St.

27 Box 443

City & State

City & State

23 Miami, FL

28 Hollywood, FL

Zip

Zip

24 33130

Country

Country

25 USA

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONATHON MARKS C/O ROBINSON & MARKS PA
1590 NE 162ND ST., #200
MIAMI BEACH FL 33162**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Jonathan Marks

Jonathan Marks

3/10/98

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	PSTD	<input type="checkbox"/> DELETE
NAME	LEVY, MARK	
STREET ADDRESS	150 WEST FLAGLER STREET STE. 2950	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levy, Mark L.	
1.3 STREET ADDRESS	3389 Sheridan St. # 443	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	CHERVBIN, MARINO	
STREET ADDRESS	130 ADELAODE ST. W. 36TH FLOOR	
CITY-ST-ZIP	TORONTO ON	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phillips, Gordon	
2.3 STREET ADDRESS	155 Rexdale Blvd, Suite 602	
2.4 CITY-ST-ZIP	Toronto, Ontario M9W5Z8	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUNAIEF, JONATHON C/O C	
STREET ADDRESS	28 S. CENTRAL AVE.	
CITY-ST-ZIP	ELMSFORD NY ZIP 10523	

3.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dunaief, Jonathan	
3.3 STREET ADDRESS	26 South Central Ave	
3.4 CITY-ST-ZIP	Elmsford, NY 10523	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRAVEL, STEVE C/O INS	
STREET ADDRESS	4201 CORPORATE DR.	
CITY-ST-ZIP	W. DES MOINES IA	

4.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fravel, Steve C/O INS	
4.3 STREET ADDRESS	4201 Corporate Drive	
4.4 CITY-ST-ZIP	W. Des Moines, IA 50266	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALLIDAY, SCOTT	
STREET ADDRESS	1201 ORENTANGY RIVER RD.	
CITY-ST-ZIP	COLUMBUS OH	

5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Spence, Brian	
5.3 STREET ADDRESS	11777 Bernardo Plaza Ct. # 103	
5.4 CITY-ST-ZIP	San Diego, CA 92128	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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* **MARK Levy** **3-10-98** **(305) 371-2826**

CR2E037 (1097)