2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90191 003 ***150.00

DOCUMENT # P02000095385 1. Entity Name COMNET USA CORP.				04-16-2003 90191 003 ***150.00		
16300 S.W. 76TH STREET 16		Mailing Address 16300 S.W. 76TH STREET NIAMI, FL 33193		90089398		
Principal Place of Business 3. Mailing Address		3. Mailing Address		-		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State				4. FEI Number 9 0659	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered /	Agent	
RESTREPO, DIEGO L ESQ. 647 MAJORCA AVENUE CORAL GABLES, FL 33134			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
CONAL GA	BEEG, FE 00104		City		Zip Code	
	Superior of the second			FL		
SIGNATURE Signature, typed or primed name of registered agent and tills if applicable. (NOTE Registered Agents synature required when FILE NOW!!! FEE.IS:\$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZP	MONDRAGON, JOVANNI 16300 S.W. 76TH STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	DT MOSQUERA, LUIS C 16300 S.W. 76TH STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P		☐ Change ☐ Addition 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, OSCAR G 16300 S.W. 76TH STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	- · · · · · · · · · · · · · · · · · · ·	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	S BAYONA, FRANZ 16300 S.W. 76TH STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	r	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST, ZIP	2.5	☐ Deleite	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
						

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information inclicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment of the accuracy of the corporation of the receiver or trustee empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR