

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Amended
REVOKED
AND
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1997 NOV 12 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 94000007428
1. Corporation Name

PRIME NETWORK INTERNATIONAL, INC.

Principal Place of Business Mailing Address

3939 NW 26th Street **Same**
Miami, FL 33142

2. Principal Place of Business 21 3939 NW 26th Street Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33142	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Dade	25 Dade Country 30
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3. Date Incorporated or Qualified Jan 21, 1994	3a. Date of Last Report unknown
4. FEI Number 65-0485854	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Danilo Santos
4120 NW 26th Street
Miami, FL 33142

10. Name and Address of New Registered Agent	
81 Name Edward J. Jennings	82 Street Address (P.O. Box Number is Not Acceptable) 200 SE 18th Court
83	84 City Ft. Lauderdale, FL
85 Zip Code 33316	

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **11/7/97**
Signature, typed or printed name of the new agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Directors
STREET ADDRESS		1.3 STREET ADDRESS	Robert J. Boroday & Danilo Santos
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Address: Same as above
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	President
STREET ADDRESS		2.3 STREET ADDRESS	Robert J. Boroday
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Address: Same as above
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Vice President
STREET ADDRESS		3.3 STREET ADDRESS	Robert J. Boroday
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Address: Same as above
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Robert J. Boroday
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Robert J. Boroday
CITY-ST-ZIP		5.4 CITY-ST-ZIP	400002346684-6
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	-11/13/97-01082015
NAME		6.2 NAME	*****61.25 *****61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **11-4-97** TELEPHONE: **305-876-9343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)