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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

P94000024856 (4)

MAC NET, INC.

FILED May 15 1998 8:00am Secretary of State

Discission Disc		Mailing Address		{	#
Principal Place		o .			
8260 NW 271 Suite 407	TH ST	8260 NW 27TH ST Suite 407			
MIAMI FL 33122		MIAMI FL 33122		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/24/1994	
2, Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0480985	Not Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floring Compains Francisco	
23		28		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(0)	Country	8. This corporation owes or has paid the	
24	25]	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer			10. Name and Address of New Register	ed Agent
KE	RESZTES, KATIA		81 Name		
	80 NW 27TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	JITE 407			, , , , , , , , , , , , , , , , , , , ,	
MIAMI FL 33122			83		
			84 City		85 Zip Code
			Oily	F	
office or re	o the provisions of Sections 607.050 igistered agent, or both, in the State n familiar with, and accept the obligi	of Horida, Such change was	authorized by the corpor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE 5	Signature Types Loc printed name of registeres Linguisting	est grad teacht apylicable (NCI)	II. Begishred Agent signature rog	uired when reinstalling) DA1	JE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TEFLE	OP	DELETE	1.1 TITLE		Change Addition
NAME	KERESZTES, LASZLO		1 2 NAME		
STREET ADDRESS	8260 N.W. 27TH ST. STE. 4	107	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2 1 THTLE		Change Addition
NAME	KERESZTES, KATIA		22 NAME		
STREET ADDRESS	8260 N.W. 27TH ST. STE. 4	107	23 STHEET ADDRESS		
CITY-ST-ZiP	MIAMI FL 33122		2 4 CITY - ST - ZIP		Change Addition
TITLE		□ bette	3 1 TITLE		F™ custific
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		☐ DETETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		- retrett	4 1 TIPLE		
NAME			4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L_ Vete it	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5 4 City-St-ZiP		
CITY-ST-ZIP TITLE		DELETE	6.1 DILE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6 3 STREET ACIDRESS		
CITY-ST-ZIP			64 CITY-ST-7IP		
OHIT-SELVIN			0 7 Unit 01 L0		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rue 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with arguidness.

SIGNATURE:

305-5914295