FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:14

DOCUMENT # P94000049009 (1)

1. Corporation Name

TECH-NET INTERNATIONAL CORP.
12958 SW 133 CT Suite A
Miami FL. 33186

Principal Place of Business: ~~8180 N. W. 36TH STREET, #100 MIAMI FL 33166~~

Mailing Address: ~~8180 N. W. 36TH STREET, #100 MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12958 SW 133 CT
Suite, Apt. #, etc. 22 Suite A
City & State 23 miami, FL.
Zip 24 33186 Country 25

2a. Mailing Address
26 12958 SW 133 CT
Suite, Apt. #, etc. 27 Suite A
City & State 28 Miami, FL.
Zip 29 33186 Country 30

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

4. FEI Number: 65-0505323 — 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

9. Name and Address of Current Registered Agent

~~ARON, ERNEST~~
~~8180 N. W. 36TH STREET, #100~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name: Anthony Robledo
82 Street Address (P.O. Box Number is Not Acceptable): 8180 N.W. 36 Street
83 Suite 100
84 City: MIAMI FL 85 Zip Code: 33166

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Anthony Robledo — 2/15/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ARON, ERNEST	1.2 NAME	
STREET ADDRESS	8180 N. W. 36TH STREET, #100	1.3 STREET ADDRESS	12958 S.W. 133 COURT, #A
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	DE FARIAS PAMOS, ALBERTO	2.2 NAME	
STREET ADDRESS	8180 N. W. 36TH STREET, #100	2.3 STREET ADDRESS	12958 S.W. 133 COURT, #A
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~CRUZ, KELLY PEREIRA~~	3.2 NAME	
STREET ADDRESS	~~8180 N. W. 36TH STREET, #100~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33166~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
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 is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: X [signature] Alberto de Farias Pamos — X Feb/2/1995 — X 305 256-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102470 CP