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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051303 (3)

NETPOINT COMMUNICATIONS, INC.

3712 ALCANTARA AVENUE

MIAMI FL 33178

Principal Place of Business Mailing Address 11077 BISCAYNE BLVD 11077 BISCAYNE BLVD SUITE 304 SUITE 304 DO NOT WRITE IN THIS SPACE MIAMI FL 33161 MIAMI FL 33161 3. Date Incorporated or Qualified 07/07/1994 2. Principal Place of Business 28. Mailing Address FEI Number Applied For 65-0525614 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARDOZO, ROBERTO J 3712 ALCANTARA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 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 ** **ROBERTO** I. CARDOTO**

O//19/98 DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TIT: F 11 TITS F CARDOZO, ROBERTO J. NAME 1.2 NAME 3712 ALCANTARA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33178** CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition CARDOZO, ROSANNE W

5.4 CITY-ST-ZIP CITY-ST-ZIP noltibbA TITLE DELETE Change 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

5.3 STREET ADDRESS

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-2IP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

DELETE

DELETE

DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

REPOREDED J. CARDOZO

0//19/98 (305)891-1955

Change

Change

Addition

Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State