REINSTATEMENT APPLICATION

FILE NOW: FILING FEE AFTER MAY 1 IS $[redacted]

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

1997 NOV -5 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053509

1. Corporation Name

SETNET CORPORATION

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 1825 Ponce de Leon Blvd.
Suite, Apt. #, etc.
22 Suite 193
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 c/o William L. Rafferty,Jr.
Suite, Apt. #, etc.
27 201 So. Biscayne Blvd. Ste 2400
City & State
28 Miami, Florida
Zip 29 33131 Country 30 U.S.A.

3. Date Incorporated or Qualified: 07/18/94
3a. Date of Last Report: 08/08/96
4. FEI Number: 65-0508513 (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 [X] No

9. Name and Address of Current Registered Agent

PAULE TEMEME
5770 S.W. 55 Street
Miami, FL 33155

10. Name and Address of New Registered Agent

81 Name: William L. Rafferty, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Kelley Drye & Warren LLP
83 201 So. Biscayne Blvd., Ste. 2400
84 City: Miami FL 85 Zip Code: 33131

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: William L. Rafferty, Jr. , William L. Rafferty, Jr. 11/3/97
Signature, typed or printed name of individual 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D TEMEME, Robert 5770 S.W. 55 Street Miami, FL 33155	[XX] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: P/S/T/D FODOR, Nicolas 721 Catalonia Avenue Coral Gables, Florida 33134 — [ ] Change [XX] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: [ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP: [ ] Change [ ] Addition

REINSTATEMENT 11/7/97

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****750.00 ****750.00

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: , NICOLAS FODOR 11/3/97 (305) 265-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #