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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055233 (8)

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Jan 21	1998	8:00am							
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Principal Plac		Mailing A		_					
6955 HANGING MOSS ROAD 6955 HANGING MOSS ROAD		AD							
SUITE 114 SUITE 114 ORLANDO FL 32807 ORLANDO FL 32807					DO NOT WRITE	IN THIS SPACE			
US		US	7 12 02001			3. Date Incorp	orated or Qualified		
						07/25/19	94		Į
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Numbe			Applied For
21 26					59-325	4760		Vot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certificate	of Status Desired	T + + + + + + + + + + + + + + + + + + +	Additional		
27				G, Commodica		Fee F	Required		
City & State		State			_	mpaign Financing		May Be	
23 Zip	Country	28		Country			Contribution		to Fees
	Country	Zip	-	Country	,		ation owes or has pai		
24	25 Name and Address of Curren	29 t Registered A		30			operty Tax due June Address of New Re		≥ No
AHP		it nogistored P	· gent	81	Name	10, 1401110 10110	AUGIESS DI ITOM ITO	grotored Agent	
	ves, enrique 10 beville RD								
				82	Street /	Address (P.O. Box Nur	nber is Not Acceptab	ile)	Ì
	TE 606-145			83					
DAT	TONA BCH FL 32114								
				84	City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	B. Florida Statute	s, the above	L a-named	corporation submits th	is statement for the p		its registered
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Suc	h change was a	uthorized by	the corp	poration's board of dire	ctors. I hereby accep	t the appointment a	s registered
	m jamiliai wim, and accept the obliga	ations of, Section	11 (coco. 100 m	riua Statule:	>.				ŀ
SIGNATURE	Signature, typed or printed name of registered age	nt and trie if applicat	ole (NOTE	Registered Age	rit signature	required when reinstating)		DATE	
12.	OFFICERS AND			13.	·····	ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD		DELETE	1.4 TITLE				☐ Change	Addition
NAME	Nieves, enriq ue			1.2 NAME					!
STREET ADDRESS	1500 BEVILLE RD SUITE 606-	145		1.3 STREET	ADDRESS				Į,
CITY-ST-ZIP	DAYTONA BCH FL			1.4 CITY-S	T - ZIP				
TITLE	VD		DELETE	2 1 THILE				☐ Change	Addition
NAME	Talavera, rafael			2.2 NAME	i				
STREET ADDRESS	6955 HANGING MOSS RD SU	ITE 114		23 STREFT	ADDRESS				
CITY-ST-ZIP	ORLANDO FL	· 		2.4 CITY-5	ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE	\$TD		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME	ALEQUIN, FREDDY			3.2 NAME					
STREET ADDRESS	6955 HANGING MOSS RD SU	ITE 114		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL_			3.4. CITY-S	ST - 7IP	<u>-</u>	·		
TITLE			DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	l l				
C+TY-ST-ZIP			T prieste	4.4 CITY-S	T-ZIP		·····		T A LES
TITLE			DELETE	5.1 TITLE	İ			☐ Change	☐ Addition
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STREET ADDRESS			7	5.3 STREET	1				ĺ
CITY-ST-ZIP			DELETE	5.4 CITY - S	T-ZIP			Chart	Addition
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CITY-ST-ZIP				6.4 CITY - S	T-ZIP				

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or justed employed do 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 attacture with an address.