


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000088977 1. Corporation Name POWERNET INTERNATIONAL, INC.			
Principal Place of Business 391 Coral Way Suite 115-133 Miami, FL 33145		Mailing Address	
2. Principal Place of Business 21 Suite Apt. #, etc.		2a. Mailing Address 26 Suite Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		25	
29		30	
9. Name and Address of Current Registered Agent JAIME KLEW AKLEP 7375 SW 114 STREET Miami, FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 I accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 4-30-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE NAME: JAIME KLEW AKLEP STREET ADDRESS: 7375 SW 114 ST. CITY-STATE-ZIP: MIAMI FL 33156		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
12.2 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME: PRESIDENT 23 STREET ADDRESS: ALEXANDER AKLEP 24 CITY-STATE-ZIP: 7375 SW 114 ST MIAMI FL 33156	
12.3 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	
12.4 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
12.5 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	
12.6 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	
14. I, the undersigned, 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: <i>[Signature]</i> DATE: 4-30-97 Daytime Phone #			

CR2E034 (9/96)