## 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 # P94000088977 (1)

POWERNET INTERNATIONAL INC.

Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY SUITE 115-133 SUITE 115-133 MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0585304 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AKLEPI, JAIME KLEIN 7375 S.W. 114TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 1.1 TITLE Change Addition AKLEPI, JAIME KLEIN NAME 1.2 NAME 7375 S.W. 114TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE. TITLE 2 1 TITLE Change Addition AKLEPI, ALEXANDER NAME 2.2 NAME 7375 S.W. 114TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33158 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 THILE Addition NAME 3 2 NAME

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3 4. CITY - ST - ZIP

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DELETE

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CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the officer or director of the corporation supplied will this mind coes not quality for the indicated on this annual report or suppliering half annual report is true and accurate officer or director of the corporation or the eccivered rustee empowered to execut Block 12 or Block 13 if changed, or on all attachment with an address

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

Addition

Addition

Addition

Change

☐ Change

**FILED** 

Feb 24 1998 8:00am

Secretary of State

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

2-17-98