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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000007829 (1)**

1. Corporation Name

OPTONET INTERNATIONAL COMMUNICATION CORP.

Principal Place of Business

**2990 SOUTH FISKE BLVD.
ROCKLEDGE FL 32955**

Mailing Address

**2990 SOUTH FISKE BLVD.
ROCKLEDGE FL 32955-3930**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BAR-NAVON, BOAZ
1358 RICHWOOD CIRCLE
ROCKLEDGE FL 32955**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

05/01/1996

4. FET Number

59-3295439

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 ☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and for all applicable:

(NOTE: Registered Agent signatures required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **STUDER, KURT**

STREET ADDRESS **2990 S. FISKE BLVD.**

CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DV** ☐ DELETE

NAME **LAESER, BRUNO**

STREET ADDRESS **% 2990 S. FISKE BLVD.**

CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DS** ☐ DELETE

NAME **WALSER, WILHELM A**

STREET ADDRESS **% 2990 S. FISKE BLVD.**

CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DS** ☐ DELETE

NAME **KELLER, GISELLA**

STREET ADDRESS **% 2990 S. FISKE BLVD.**

CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, 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

CR2E034 (9/96)