

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

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**Feb 04 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P95000081096 (6)**  
1. Corporation Name  
**PATHNET LABORATORIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3201 W GRIFFIN RD, 4TH FL, DANIA FL 33312, US  
Mailing Address: P O BOX 15935, PLANTATION FL 33318-935, US

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23 DANIA, Florida  
24 Zip: 25 33312, Country: 29 U.S.A.

3. Date Incorporated or Qualified: 10/19/1995  
4. FEI Number: 65-0615659  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

g. Name and Address of Current Registered Agent  
PESTANO, TONY  
3201 W. GRIFFIN RD  
SUITE 400  
DANIA FL 33312

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PAESIDENT
NAME	ARCADIO, OLIVA	1.2 NAME	JOSE SALAZAR
STREET ADDRESS	3201 W GRIFFIN RD	1.3 STREET ADDRESS	3201 W. GRIFFIN RD
CITY-ST-ZIP	DANIA FL 33312	1.4 CITY-ST-ZIP	DANIA FL 33312
TITLE	SD	2.1 TITLE	VP1
NAME	PESTRONO, TONY	2.2 NAME	ARCADIO OLIVA
STREET ADDRESS	3201 W GRIFFIN RD	2.3 STREET ADDRESS	3201 W. GRIFFIN RD
CITY-ST-ZIP	DANIA FL 33312	2.4 CITY-ST-ZIP	DANIA FL 33312
TITLE	VPD	3.1 TITLE	VP2
NAME	MARTINEZ, ENRIQUE	3.2 NAME	EVAN ENRIQUE MARTINEZ
STREET ADDRESS	3201 W. GROFFOM RD.	3.3 STREET ADDRESS	3201 W. GRIFFIN RD.
CITY-ST-ZIP	DANIA FL 33312	3.4 CITY-ST-ZIP	DANIA FL 33312
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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: \_\_\_\_\_

CR2E034 (10/97)