

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90116 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081096

1. Corporation Name
PATHNET LABORATORIES, INC.



Principal Place of Business 3201 W GRIFFIN RD 4TH FL DANIA FL 33312 US	Mailing Address 3201 W GRIFFIN RD SUITE 300 DANIA FL 33312 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3201 W. GRIFFIN Rd
22 City & State	27 4th FL
23 Zip	28 DANIA FL
24 Country	29 33312 30 US

3. Date Incorporated or Qualified 10/19/1995	
4. FEI Number 65-0615659	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. 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	Jose Salazar
82 Street Address (P.O. Box Number is Not Acceptable)	3201 W. GRIFFIN Rd
83	4th Floor
84 City	DANIA FL
85 Zip Code	33312

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: *Jose Salazar* **JOSE SALAZAR Vice President** DATE: _____
Signature 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 #2	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCADIO, OLIVA	1.2 NAME	WISA F. COSTA
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	VP <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESTRONO, TONY	2.2 NAME	JOSE SALAZAR
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	P <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SALAZAR, JOSE	3.2 NAME	
STREET ADDRESS	3201 W GRIFFIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33312	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, EVAN ENRIQUE	4.2 NAME	
STREET ADDRESS	3201 W GRIFFIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33312	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Salazar* **Jose Salazar** Date: 954/961-2050 Daytime Phone #

CR2E034 (11/98)