SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

625-96 B-7088

DOCUMENT # P95000084163 (1)

1. Corporation Name

ACTIVENET, CORP.

Principal Place of Business	Mailing Address
8025 S.W. 4TH STREET MIAMI FL 33144	8025 S.W. 4TH STREET MIAMI FL 33144

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: 10/30/95

2. Principal Place of Business	2a. Mailing Address
21 7855 NW 29 Street	26 7855 NW 29 Street
Suite, Apt. #, etc: 22 Suite #174	Suite, Apt. #, etc: 27 Suite #174
City & State: 23 Miami, Florida	City & State: 28 Miami, Florida
Zip: 24 33122 — Country: 25 Dade	Zip: 29 33122 — Country: 30 Dade

4. FEI Number: 65-0616447 ☐ 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

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
1428 BRICKLE AVENUE
EIGHTH FLOOR
MIAMI FL 33131

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 accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP — [X] DELETE	1.1 TITLE	President/Director — ☐ Change [XX] Addition
NAME	BARREIRO, ARMANDO SR.	1.2 NAME	Armando Barreiro, Jr.
STREET ADDRESS	8027 S.W. 4TH STREET	1.3 STREET ADDRESS	8025 SW 4 Street
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	Miami, Florida 33144
TITLE	☐ DELETE	2.1 TITLE	Vice-President/Director — ☐ Change [XX] Addition
NAME		2.2 NAME	Keith F. Duffy
STREET ADDRESS		2.3 STREET ADDRESS	21707 San Simeon Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, Florida 33433
TITLE	☐ DELETE	3.1 TITLE	Chairman of the Board/Chief Exec. Officer — ☐ Change [XX] Addition
NAME		3.2 NAME	Del Mintz
STREET ADDRESS		3.3 STREET ADDRESS	3146 Miro Drive North
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33410
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Armando Barreiro, Jr. 6/20/96 (305)716-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)