

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5000087180**
1. Corporation Name
CYBERNET GROUP INC

APPROVED
AND
FILED

99 AUG 26 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7930 NW 36th ST
Suite 23-368
Miami, FL 33166**

Mailing Address
**7930 NW 36th ST
Suite 23-368
Miami, FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **12901 SW 72nd Ave**
Suite, Apt. #, etc.
22 **Miami, FL**
City & State
23 **33156** **USA**
Zip Country
24 **33156** **USA**
Zip Country

2a. Mailing Address
26 **12901 SW 72nd Ave**
Suite, Apt. #, etc.
27 **Miami, FL**
City & State
28 **33156** **USA**
Zip Country
29 **33156** **USA**
Zip Country

3. Date Incorporated or Qualified
3/27/96

4. FEI Number
65-0654784

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**Katherine Thello
12901 SW 72nd Ave
Miami, FL 33156**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Thello	1.2 NAME	Katherine Thello
STREET ADDRESS	7930 NW 36th ST - Ste 23-368	1.3 STREET ADDRESS	12901 SW 72nd Ave
CITY-ST-ZIP	Miami, FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	Vice President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Luis Diaz	2.2 NAME	300002977543--1
STREET ADDRESS	7930 NW 36th ST - 23-368	2.3 STREET ADDRESS	-09/02/99--01090--015
CITY-ST-ZIP	Miami, FL 33156	2.4 CITY-ST-ZIP	***150.00 ***150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: **(Katherine Thello)** **8/22/99** **(305) 798-1185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

(2)

August 22, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Mr. Customer Service Representative:

Enclosed please find CyberNet Group Inc. 1999 Annual Report Receipt for Certified Mail, as I explained to a Customer Service Agent by phone, CyberNet Group sent on April 21st, 1999 this form including a check of the sum of \$150.00 for the Annual fee for filing.

We are enclosing again the 1999 Annual Report, a check of the sum of \$150.00, and the receipt for Certified mail indicating the date when the Report was sent.

If you have any questions, please do not hesitate to contact me at
(305) 798-1188

Sincerely,


Katherine Trujillo
President