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

DOCUMENT # **P95000093242 (2)**

1. Corporation Name
MANGONET COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6303 SW 69 STREET MIAMI FL 33143	6303 SW 69 STREET MIAMI FL 33143

3. Date Incorporated or Qualified: 12/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3403 Poinciana Ave
22: Suite, Apt. #, etc:
23: City & State: Coconut Grove FL
24: Zip: 33133
25: Country: US

2a. Mailing Address
26: 3403 Poinciana Ave
27: Suite, Apt. #, etc:
28: City & State: Coconut Grove FL
29: Zip: 33133
30: Country: US

4. FEI Number: 65-0636098 ☐ 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

BARRS, MIKE
6303 SW 69 STREET
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Mike Barrs
82 Street Address (P.O. Box Number is Not Acceptable): 3403 Poinciana Ave
83:
84 City: Coconut Grove FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section(s) 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: Mike Barrs (Signature of New Registered Agent required when changing) DATE: 6/15/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	BARRS, MIKE		12 NAME		
STREET ADDRESS	6303 SW 69 STREET		13 STREET ADDRESS	3403 Poinciana Ave	
CITY-ST-ZIP	MIAMI FL 33143		14 CITY ST ZIP	Coconut Grove FL 33133	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	RUBENSTEIN, THERESE		22 NAME		
STREET ADDRESS	6303 SW 69 STREET		23 STREET ADDRESS	3403 Poinciana Ave	
CITY-ST-ZIP	MIAMI FL 33143		24 CITY ST ZIP	Coconut Grove FL 33133	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	RODRIGUEZ, JUSES		32 NAME	JESUS RODRIGUEZ	
STREET ADDRESS	6303 SW 69 STREET		33 STREET ADDRESS	6015 Town Colony Dr #313	
CITY-ST-ZIP	MIAMI FL 33143		34 CITY ST ZIP	Boca Raton FL 33433	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

CR2E034 (3/96)

7-16-96
Bank deposit $225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Therese Rubenstein Therese Rubenstein 6/15/96 305 447-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #