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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000016913 (1)

AVIKO NET SERVICES, INC.

Principal Place 257 SW 77TH A MIAMI FL 3314	AVENUE	257 SW	Mailing Address 257 SW 77TH AVENUE MIAMI FL 33144-2459								
								<ol> <li>Date Incorporated or Qualified 02/23/1996</li> </ol>	3a.	Date of Last F	
2. Principal P	lace of Busine	ess	2a, Mailir	ng Address	<del></del>			4. FEI Number	<u>L</u> -		pplied For
21			h	26				65-0648920		<del></del>	tot Applicable
Suite, Apt	#, etc.			Apt # etc.							Additional
22		27	27				5. Certificate of Status Desired			Required	
City & State	0	City (	City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution			to Fees	
Zip	Zip Country			Zip Cou			'	8. This corporation has liability fo			s. 199.032,
24	25 9, Name and Address of Current F			29 30				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
D.0			rrent Hegistered	Agent		81	Name	10, Name and Address of New H	egistere	a Agent	
	JA, AHMET					"	INAILE				
257 SW 77TH AVENUE						82	Street Add	dress (P.O. Box Number is Not Accepta	ible)		
MIAMI FL 33144						83					
										·	
						84	City		F	<b>85</b> Zip	Code
office or r agent I a	registered age	ons of Sections 607 ent, or both, in the S h, and accept the o	state of Florida. Su	ch change was	authorize	ed by	the corpora	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	DUIDOSE	of changing	its registered s registered
SIGNATURE	Signature, typod o	or pricting name of registere	d agent and tille I applic	able. (NC	OTE Register	ed Age	per erutangia Ine	ulred when reinstating)	DATE		
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	PTD	1 44 40***		☐ DELETE	1	TITLE				☐ Change	Addition
NAME	BARJA, A					NAME					
STREET ADORESS	MIAMI FL	7TH AVENUE					ADDRESS			•	
CITY-ST-ZIP	VSD	33144		DELETE		CITY-S	17 - ZIP			Change	Addition
TITLE	SANTANA	MANCA		DELETE	1	TITLE				L) Change	C.) Addition
NAME CECCE ADDRESS		7TH AVENUE			I	NAME CERTET	AODRESS				
STREET ADDRESS	MIAMI FL										
CHY-ST-ZIP TITLE	1118 4441 . 4	33111		DELETE		CITY-S	51 · ZIP			Change	Addition
NAME						NAME					
STREET ADDRESS					I -		ADDRESS				
CITY - S1 - ZIP						CITY-:	l				
TITLE	<b>†</b>			DELETE		TITLE				Change	Addition
NAME					4.2	NAME	į				
STREET ADDRESS	ĺ				4.3	STREET	ADDRESS				
CITY-ST-ZIP	}				4.4	CITY - S	ST-ZiP				
DILE	Ī			DELETE	51	TITLE				Change	Addition
NAME					5.2	NAME					
STREET ADDRESS	1				53	STREET	ADDRESS				
CITY ST-ZIP					5.4	CITY-S	ST-ZIP				
TITLE				DELETE	6.1	TITLE				Change	☐ Addition
NAME	ļ				6.2	NAME	Į				
STREET ADORESS	1				6.3	STREET	ADDRESS				
CITY ST ZIP					6.4	CITY-5	ST-ZIP				

**FILED** Feb 07 1997 8:00am Secretary of State



14. I do 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:**