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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P96000018843

1. Corporation Name
SOUTH NETWORK CORPORATION

Principal Place of Business	Mailing Address
20231 NE 15 CT NORTH MIAMI FL 33179 US	20231 NE 15 CT NORTH MIAMI FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/29/1996

2. Principal Place of Business	2a. Mailing Address
21 245 S.E. 1st Street	26 245 SE 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 # 438	27 # 438
City & State	City & State
23 Miami FL 33131	28 Miami FL
Zip / Country	Zip / Country
24 33131 25 U.S.A	29 33131 30 U.S.A.

4. FEI Number: 65-0655597 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVA, PAULO
20231 NE 15 CT
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: BERNARD BRAUT
82 Street Address (P.O. Box Number Is Not Acceptable): 847 N.W. 119 ST #205
83
84 City: MIAMI FL 85 Zip Code: 33168

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: Paulo Silva Director — DATE
Signature, typed or printed name 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 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINS, LUIZ 20231 NE 15 CT NORTH MIAMI FL 33179	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MARTINS, LUIZ 245 S.E. 1st Street #438 Miami FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHADO, RICARDO 20231 NE 15 CT NORTH MIAMI FL 33179	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MACHADO, RICARDO 245 S.E 1st Street #438 Miami FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, PAULO 20231 NE 15 CT NORTH MIAMI FL 33179	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SILVA, PAULO 245 S.E. 1st Street #438 Miami FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 alteration, each other like empowered.

SIGNATURE: PAULO SILVA 4/15/99 305 539-9690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

- CR2E034 (11/98)