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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT on Name E NETWOI		0038805 (3)				
GFAOI	L NEI WO	nik COni -					
Principal Plac	ce of Busines	Mailing Address	ng Address		I LODINGEN LIE NEUN BEHIN BOUN DOUN BEHUN DOEDE		
1985 NW 88TH COURT SUITE 201			1985 NW 88TH COURT SUITE 201		DO NOT WRITE IN THI	S SPACE	
MIAMI FL 33	3172		MIAMI FL 33172			3. Date incorporated or Qualified	707702
						05/01/1996	
2. Principal Place of Business 21			2a. Mailing Address		4. FEI Number 65-0676607	Applied For Not Applicable	
Suite, Apt	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	 		27			Fee Required	
City & Sta	. 19		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	ip Country		Zip	Zip Country 30		8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes XNo	
	9. Name	and Address of Curren		50 1		10. Name and Address of New Registere	
C	ORBO-RODI	RIGUEZ, CARMEN		81	Name		
1985 N.W. 88 COURT, SUITE 201				82	Street Add	ciress (P.O. Box Number is Not Acceptable)	
ļ M	IAMI FL 331	72		63	ļ	······································	
				84	City	·	85 Zip Code
					'	F	L
11. Pursuant office or	to the provising the total the control of the contr	ions of Sections 607.050 jent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above authorized by	e-named co y the corpor:	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing its registered opointment as registered
agent. I a	am tamiliar wi	th, and accept the obliga	ations of, Section 607.0505, Flo	rida Statute	S.		
	Stonature, typied	or printed name of registered age			ent signature req	(red when reinstalling) DATE	
12.	OFFICERS AND D		D DIRECTORS DELETE	DELETE 1.3 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GELMAN, HECTOR A			1.2 NAME			C onarige C Modition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	40440 51 46464		1.4 City-St-ZiP				
TITLE	D		☐ DELET E	2.1 TITLE		***	Change Addition
NAME	DE APELBAUM, SARA			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		The process	2.4 CITY-ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME	ADDDEGO		
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE	DELETE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS	DORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-\$T-ZIP	ļ <u></u>	-	Drive	5.4 CITY - S	ST - ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME ATRICT ADDRESS				6.2 NAME	1000000		
STREET ADDRESS CITY+ST+ZIP				6.3 STREET			
■ DIT+51•ZP	1			■ 0.4 UHY-2	u-sir l		

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 about 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 received 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 attaching with an address.

06-29.

FILED

May 11 1998 8:00am

Secretary of State