

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 196000046630 1. Corporation Name ATNETS INC			
Principal Place of Business 1300 SE Brickell BAY Dr. Miami FL. 33131		Mailing Address 1300 SE BRICKELL BAY DR. Miami FL. 33131	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent EUGENIO MONTANO 1300 BRICKELL BAY Dr. Miami FL. 33131			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOT: Registered Agent's signature required when transferring)			
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.8 TITLE NAME STREET ADDRESS 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement if a 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 my address.			
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -325-3740606	

CR2E034 (10/97)