

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000051574**

1. Corporation Name
NET INTERNATIONAL, INC.

Principal Place of Business
**4501 MONSERRATE STREET
CORAL GABLES FL 33146**

Mailing Address
**4501 MONSERRATE STREET
CORAL GABLES FL 33146**

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90071 009 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5900 SW 41st Street** 2a. Mailing Address **5900 S.W 41st Street**
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State **Miami FL** 27 City & State **Miami FL**
23 Zip **33155** 25 Country 29 Zip **33155** 30 Country

3. Date Incorporated or Qualified
06/17/1996
4. FEI Number **65-0674461** 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

**OTALVARO, FRANCISCO
4501 MONSERRATE STREET
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **OTALVARO, FRANCISCO**
82 Street Address (P.O. Box Number is Not Acceptable) **5900 SW 41st Street**
83
84 City **Miami** FL 85 Zip Code **33155**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTALVARO, NOAH	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OTALVARO, FRANCISCO	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OTALVARO, CARLOS	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OTALVARO Noah	
1.3 STREET ADDRESS	5900 SW 41st Street	
1.4 CITY-ST-ZIP	Miami, FL 33155	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OTALVARO FRANCISCO	
2.3 STREET ADDRESS	5900 SW 41st Street	
2.4 CITY-ST-ZIP	Miami, FL 33155	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OTALVARO CARLOS	
3.3 STREET ADDRESS	5900 SW 41st Street	
3.4 CITY-ST-ZIP	Miami, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25/99 **305 663-1018** **668-7764**

CR2E034 (1/98)

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