

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 12:07

2000 1999

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0674461

Applied

Not App

5. Certificate of Status Desired ☐\$8.75 Addit
Fee Requir6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May
Added to Fee8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5900 SW 41st Street

2a. Mailing Address

26 5900 SW 41st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

27 City & State

28 Miami FL

24 Zip Country

25 33155

29 Zip Country

30 33155

9. Name and Address of Current Registered Agent

OTALVARO, FRANCISCO
4501 MONSERRATE STREET
CORAL GABLES FL 33146

Noah

10. Name and Address of New Registered Agent

Noah

81 Name

82 OTALVARO, FRANCISCO

83 Street Address (P.O. Box Number is Not Acceptable)

5900 SW 41st Street

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME OTALVARO, NOAH
STREET ADDRESS 4501 MONSERRATE STREET
CITY-ST-ZIP CORAL GABLES FL 33146TITLE S ☒ DELETENAME ~~OTALVARO, FRANCISCO~~
STREET ADDRESS ~~4501 MONSERRATE STREET~~
CITY-ST-ZIP ~~CORAL GABLES FL 33146~~TITLE T ☒ DELETENAME ~~OTALVARO, CARLOS~~
STREET ADDRESS ~~4501 MONSERRATE STREET~~
CITY-ST-ZIP ~~CORAL GABLES FL 33146~~TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE PD ☒ Change ☐1.2 NAME OTALVARO Noah
1.3 STREET ADDRESS 5900 SW 41st Street
1.4 CITY-ST-ZIP Miami, FL 331552.1 TITLE S ☒ Change ☐2.2 NAME ~~OTALVARO, FRANCISCO~~ Delete
2.3 STREET ADDRESS ~~5900 SW 41st Street~~
2.4 CITY-ST-ZIP ~~MIAMI, FL 33155~~ 331553.1 TITLE T ☐ Change ☐3.2 NAME ~~OTALVARO, CARLOS~~ Delete
3.3 STREET ADDRESS ~~5900 SW 41st Street~~
3.4 CITY-ST-ZIP ~~MIAMI, FL 33155~~4.1 TITLE ☐ Change ☐4.2 NAME 800003264628--5
4.3 STREET ADDRESS -05/24/00--01012--017
4.4 CITY-ST-ZIP ***150.00 ***150.005.1 TITLE ☐ Change ☐5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐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 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 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 #

4-26-2000 CRO