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May 22, 2001 8:00 am
Secretary of State

05-22-2001 90062 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

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 Require

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May
Added to Fe

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5900 SW 41st St

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip Country

24 33155 25

2a. Mailing Address

26 5900 SW 41st St

Suite, Apt. #, etc.

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City & State

28 Miami FL

Zip Country

29 33155 30

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

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84 City

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Zip Code

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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 ☐ DELETE

NAME OTALVARO, NOAH

STREET ADDRESS 4501 MONSERRATE STREET

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE S ☒ DELETE

NAME [REDACTED]

STREET ADDRESS 4501 MONSERRATE STREET

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE T ☒ DELETE

NAME OTALVARO, CARLOS

STREET ADDRESS 4501 MONSERRATE STREET

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE PD ☒ Change

12 NAME OTALVARO Noah

13 STREET ADDRESS 5900 SW 41st Street

14 CITY-ST-ZIP MIAMI, FL 33155

21 TITLE S ☒ Change

22 NAME OTALVARO, CARLOS

23 STREET ADDRESS 5900 SW 41st Street

24 CITY-ST-ZIP MIAMI, FL 33155

31 TITLE T ☐ Change

32 NAME OTALVARO, CARLOS

33 STREET ADDRESS 5900 SW 41st Street

34 CITY-ST-ZIP MIAMI, FL 33155

41 TITLE ☐ Change

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change

62 NAME

63 STREET ADDRESS

64 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] 4-25/99 305 668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-26-2001 CPO