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 # P96000056392

Corporation Name

INTERNET INVESTMENTS INC.

Principal Place of Business

Mailing Address

19459 PINES BLVD. SUITE #227

18459 PINES BLVD. SUITE #227 PEMBROKE PINES FL 33029

FILED Mar 08, 1999 8:00 am Secretary of State

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	PALIT CALDI BILLE C	NADO UHIAN ADUKO NUDU

PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 07/01/1996	1,	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	. Ap	plied For
1/632 CLEVELAND STEET 1632 C CEVELANDS NORTH		est 65-0724178	No	t Applicable		
Suite, Apt.		Suite, Apt. #, etc.		<u>_</u>	\$8.75	Additional
22	.,, 5.5.	27		5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State	6	6. Election Campaign Financing	\$5.00	May Be
_ // //	4 NOOD PERIM	28 Hollyword	Lury	Trust Fund Contribution	Added t	.,
Zip Country Zip Country		8. This corporation owes the current year In	ntangible			
24 3307			Personal Property Tax.			
24) . /	9. Name and Address of Current		1	10. Name and Address of New Registered	Agent	
			81 Name			
GAR	CIA, BENIGNO		20 00 00	dilaca (D.O. Day Number in Notebookship)		
1641 TYLER ST #7			ddress (R.O. Box Number is Nor Acceptable)		Į	
HQLLYWOOD-FL-33020			2 - 00 - 00 - 00			
			84 City	- 1/4 well FI		Code נכפ
		4 CO7 1509 Clorida Statutos	the above named s	orporation submits this statement for the purpose o		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Elorida, Such change was auth	orized by the corpor	ration's board of directors. I hereby accept the appoint	intment as re	gistered
agent la	m familiar with and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	2/25/99		1
SIGNATURE	Denigm_		gistered Agent signature rec	/ _/		[
	Sign to typed or prifiled name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	P OF TOLKS AND	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
	GARCIA, BENIGNO		1.2 NAME			Ţ
NAME	1641 TYLER ST #7		1.3 STREET ADDRESS			
STREET ADDRESS	HOLLYWOOD FL					
CITY-ST-ZIP	V	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
TITLE		□ pccc,c				
NAME	KWIAT, RICHARD		2.2 NAME			+
STREET ADDRESS	2306 SW 183RD TERR		2.3 STREET ADDRESS		•	-
CITY-ST-ZIP	MIRAMAR FL	C BELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE	1	☐ DELETE	3.1 TITLE		☐ Change	
NAME	GARCIA, ROLANDO		3.2 NAME)
STREET ADDRESS	17366 SW 21ST ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME)
	}		6.3 STREET ADDRESS			{
STREET ADDRESS			CACITY OF 75			

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 of 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 one in attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 95 4 92 9 4205° Daytime Phone # R2E034 (11/98)