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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	JMENT # P9600 ET COMMERCE, INC.	00059353 (8)		
Principal Pla	ce of Business	Mailing Address			AN HALAN OLIAN ALIANA YILI YAND:
780 NW LEJEUNE RD., STE. 423 MIAMI FL 33128		780 NW LEJEUNE RD.: STE. 423 MIAMI FL 33126		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Princinal	Place of Business	2a. Mailing Address		07/16/1996 4. FEI Number 65-0750967	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continuate of Status Desireo	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year inlangible
	9. Name and Address of Curr			10. Name and Address of New Registered	
AMADOR, ROLANDO A 780 NW LEJEUNE RD., STE. 423				Idress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33126			83		
			\ <u>.</u>		
			84 City	FL	85 Zip Code
11. Pursuani office or agent. I SIGNATURE			tutes, the above-named or s authorized by the corpoi Florida Statutes. OTE: Registered Agent signature rec	orporation submits this statement for the purpose cration's board of directors. I hereby accept the apparent of the purpose of the apparent of the purpose o	f changing its registered pointment as registered
12.		ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DPST	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	WEDDLE, ROY		1.2 NAME		İ
STREET ADDRESS		₹	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		Ì
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME	1	المعتددات	3.2 NAME		0.0000
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	<u> </u>	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			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP	<u> </u>	- A2. 2	5.4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELETE	6.1 1/TLE		☐ Change ☐ Addition
NAME OTDEET ADDRESS			6.2 NAME		
TUDGET ADDRESS	1		E RESCIDENT ANNUACO (

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 is 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 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 recover or gustee 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 agraduate with an address.

CICHATURE.

1/28/98

336-7090

FILED

Apr 01 1998 8:00am

Secretary of State