


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

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90007 024 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064904

1. Corporation Name
ORBINET, INC.

Principal Place of Business
7640 N.W. 25TH ST.
SUITE 109
MIAMI FL 33122

Mailing Address
7640 N.W. 25TH ST.
SUITE 109
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801 BRICKELL AVE Suite, Apt. #, etc. 22 942 City & State 23 MIAMI FL Zip 24 33131 Country 25 US		2a. Mailing Address 26 801 BRICKELL AVE Suite, Apt. #, etc. 27 942 City & State 28 MIAMI FL Zip 29 33131 Country 30 US		3. Date Incorporated or Qualified 08/02/1996	
				4. FEI Number 65-0687427 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPO, YESIT J 9572 NW 41ST SUITE 102 MIAMI FL 33144		10. Name and Address of New Registered Agent 81 Name JAIME A. SILVA 82 Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE # 942 83 84 City MIAMI FL 85 Zip Code 33131	
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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]* DATE JUN 30 99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, JAIME A	1.2 NAME	
STREET ADDRESS	7640 N. 25TH ST. SUITE 109	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIZOSA, ALBERTO	2.2 NAME	
STREET ADDRESS	5302 S.W. 89TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE REQUIRED DATE JUN 30 99 DAYTIME PHONE #

CR2E034 (11/98)