AFTER MA[illegible] 1ST IS $550.00

2000 ANNUAL REPORT ~~1999~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90074 015 ***550.00

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: 801 Brickell Ave
Suite, Apt. #, etc.: 942
City & State: Miami FL
Zip: 33131 Country: US

2a. Mailing Address: 801 Brickell Ave
Suite, Apt. #, etc.: 942
City & State: Miami FL
Zip: 33131 Country: US

3. Date Incorporated or Qualified: 08/02/1996
4. FEI Number: 65-0687427 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [ ] 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
Name: Jaime A. Silva
Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave # 942
City: Miami FL Zip Code: 33131

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation su[bmits 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 X [signature] Jun 30, 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	SILVA, JAIME A	
STREET ADDRESS	7640 N.. 25TH ST. SUITE 109	OK
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SVD	[ ] DELETE
NAME	CARRIZOSA, ALBERTO	
STREET ADDRESS	5302 S.W.89TH AVE.	OK
CITY-ST-ZIP	MIAMI FL 33165	
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 IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

FORM 2000 MISLAID
PLEASE ACCEPT PAYMENT FOR FEE YEAR 2000
OK #506 - 550.-
OFFICERS AND DIRECTORS OK

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #