

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000066770 (4)**

1. Corporation Name  
**USWEB/AVANTI CORP.**



Principal Place of Business  
**800 INGRAHAM BLDG.  
25 S.E. 2ND AVENUE  
MIAMI FL 33131**

Mailing Address  
**800 INGRAHAM BLDG.  
25 S.E. 2ND AVENUE  
MIAMI FL 33131-1506**

3. Date Incorporated or Qualified <b>08/12/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0701926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>13449 N.W. 2nd Ave.</b>
22. City & State	27. City & State
23. Zip	28. <b>Opa Locka, Florida</b>
24. Country	29. <b>33054</b>
25. Country	30. <b>USA</b>

**9. Name and Address of Current Registered Agent**

**MURAL, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BLDG.  
25 S.E. 2ND AVENUE  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jose Arriola	
1.3 STREET ADDRESS	13449 N.W. 2nd Avenue	
1.4 CITY - ST - ZIP	Opa Locka, Florida 33054	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lourdes Arriola	
2.3 STREET ADDRESS	13449 N.W. 2nd Avenue	
2.4 CITY - ST - ZIP	Opa Locka, Florida 33054	
3.1 TITLE	VP/Asst. Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eugenio Martinez	
3.3 STREET ADDRESS	13449 N.W. 2nd Avenue	
3.4 CITY - ST - ZIP	Opa Locka, Florida 33054	
4.1 TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eduardo Arriola	
4.3 STREET ADDRESS	13449 N.W. 2nd Avenue	
4.4 CITY - ST - ZIP	Opa Locka, Florida 33054	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

**SIGNATURE:** \_\_\_\_\_ DATE: **4/14/97** DAYTIME PHONE: **(305) 685-7381**

CR2E034 (9/96)