

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075197 (9)

1. Corporation Name
POWERNET SOLUTIONS, INC.



Principal Place of Business 4801 SOUTH UNIVERSITY DRIVE, SUITE 247 FT. LAUDERDALE FL 33328	Mailing Address 4801 SOUTH UNIVERSITY DRIVE, SUITE 247 FT. LAUDERDALE FL 33328-9836
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3. Date Incorporated or Qualified 09/10/1996	3a. Date of Last Report
4. FEI Number 65-0722847	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3191 Coral Way Suite, Apt. #, etc. 22 Suite 115-133 City & State 23 Miami, FL Zip 24 33145	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Dade 30
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9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

11 Name ALEXANDER AKLEPI	12 Street Address (P.O. Box Number is Not Acceptable) 7375 SW 114 STREET	13
14 City Miami	15 State FL	16 Zip Code 33156

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	KLEIN-AKLEPI, JAMIE	
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, SUITE 247	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	
TITLE	VSTD	
NAME	GUBNITSKY, MARIA	
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, SUITE 247	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (9/96)