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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076225 (7)

NETBASE, INC.

FILED May 09 1997 8:00am Secretary of State

| Principal Place 2101 CORPOR/ SUITE 325 BOCA RATON | ATE BLVD NW | Mailing Address 2101 CORPORATE BLVD SUITE 325 BOCA RATON FL 33431-7 | | | 3, Date Incorporated or Qualified 3a, Date of Last Report | | | |
|--|--|---|--|--|--|----------------------|--------------------------------------|--|
| | | | | | 09/12/1996 | | | - |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Ar | plied For |
| i) | | 26 | | | 65-0697471 | | | t Applicable |
| Suite, Apt. #, etc. 2 | | Suite, Apt. #, etc | | | 5. Certificate of Status Desired S8.75 Addition Fee Required | | | |
| City & State | 9 | City & State | | | Election Campaign Financing Trust Fund Contribution | <u></u> | \$5.00 Added | May Be to Fees |
| Zip | Country | Zip | Countr | У | 8. This corporation has liability for | intangible tax | under s | . 199.032, |
| 14 | 25 | 29 | 30 | | | Yes 🔲 N | | |
| | 9. Name and Address of Cui | rrent Registered Agent | | | 10. Name and Address of New Re | gistered Age | nt | |
| | ven serle, p.a. | | 8. | Name | | | | |
| | CORPORATE BLVD NW | | 62 | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | E 325 | | ļ., | <u>. </u> | | | | |
| 800 | A RATON FL 33431 | | 8 | ' | | | | |
| | | | 84 | City | | FL 8 | 5 Zip | Code |
| dd Dawrani | to the year inion of Cockers CO7 | 0500 and 607 1500 Florida Clatu | too the obe | in named core | poration submits this statement for the p | | naina ii | o registered |
| | | g | KINDA DIAIDI | 38. | ation's board of directors. I hereby accept | | | |
| SIGNATURE. | | d agent and title if applicable. (NO AND DIRECTORS | TE Registered A | gent signature requi | ared when relinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND DIF | RECTOR | |
| SIGNATURE: | OFFICERS D | d agent and title if applicable. (NO | TE Registered A | gent signature requi | ired when reinstating) | DATE CERS AND DIF | | |
| SIGNATURE: 12. THEF NAME | OFFICERS D HERNANDEZ, RAFAEL E | d agent and title if applicable. (NO AND DIRECTORS | 13. 1.1 TITLE | gent signature requi | ired when reinstating) | DATE CERS AND DIF | RECTOR | |
| SIGNATURE. 12. 1IICE NAME SIREELADORESS | OFFICERS D HERNANDEZ, RAFAEL E 2101 CORPORATE BLVD N | d agent and title if applicable. (NO AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | gent signature requi | ired when reinstating) | DATE CERS AND DIF | RECTOR | |
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1. For hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Proma statutes, flur there early that the information indicated on this annual report of supplied early that the same legal effect as if made under oath; that is am 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:

SONATURE AND TYPEO OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

MM 3/97

Daytime Phone #