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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076225 (7) 1. Corporation Name

NETBASE, INC.

Mailing Address

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business 2101 CORPORATE BLVD NW 2101 CORPORATE BLVD NW **SUITE 325** SUITE 325 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 09/12/1996 Applied For 4 FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0697471 Not Applicable 21 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ☐ No 24 20 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name STEVEN SERLE, P.A. 2101 CORPORATE BLVD NW Street Address (P.O. Box Number is Not Acceptable) **SUITE 325 BOCA RATON FL 33431** 84 City Zip Code 85 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 little if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TOLE TITLE HERNANDEZ, RAFAEL E 12 NAME NAME 2101 CORPORATE BLVD NW SUITE 325 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change . Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change noitibhA [DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 supplies that 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 of 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:

(561) 9880687----