SECONG-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 97 AUG 15 AN 7:54 1997 P96000082198 (8) DOCUMENT # SECRETARY OF STATE NET OPEN CORP. Principal Place of Business Mailing Address 9050 PINES BLVD 9050 PINES BLVD PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0699795 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAMPOS DE LIMA, MARCIO 81 Name 9050 PINES BLVD Street Address (P.O. Box Number is Not Acceptable) 82 PEMBROKE PINES FL 33024 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE TITLE 1.1 TITLE Change Addition CAMPOS DE LIMA, MARCIO 400002272434---4 NAME 1.2 NAME 9050 PINES BLVD -08/20/97--01077--024 STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 ****165.00 ****165.00 CITY-ST-ZIP 1.4 CITY-S1-2IP Change DELETE Addition TITLE 2.1 TITLE CAMPOS DE LIMA, LUIZ ALBERT NAME 2.2 NAME 9050 PINES BLVD STREET ADDRESS 23 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE İιε 4.1 TITLE Change Addition ME 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ___ Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 alachment with an address. March. 2/31/97

6.4 CITY-ST-ZIP

CITY-ST-ZIP