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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000100710 (8) APOLLO NET, INC.							
Principal Place of Business Mailing Address 701 JAMAICA CIRCLE W. 701 JAMAICA CIRCLE W. APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-242					BIEL INDIA del et edite	YORAN KININ A	
			124				
				 Date Incorporated or Qualifie 12/12/1996 	d 3a. Date N/	-	3port
— <i>"</i> "	Place of Business	2a. Mailing Address		4. FEI Number			plied For
Suite, Apt	# rot/	Suite, Apt. #, etc.		59-3422936		88.75 A	t Applicable
22	π, αισ.	27		5. Certificate of Status Desired	XX	Fee Re	
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	······································	\$5.00	May Be
23		28		Trust Fund Contribution		Added to	
Zip Tij	Country	Zip	Country	8. This corporation has liability f			199.032,
24	25 g. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New	Yes X		
CUI	ARI, CARLOS A		81 Name				
	JAMAICA CIRCLE W.		82 Street Add	Iress (P.O. Box Number is Not Accep	table)		
APOLLO BEACH FL 33572			Silest Add	iress (F.O. DOX NUMBER IS NOT Accep	nable)		
,			63				
			84 City			85 Zip (Code
-,		20 - 1007 (500 Glasia) Ctal			FL		
office or agent. I a	registored agent, or both, in the State am familiar with, and accept the obliq	e of Florida. Such change was all galions of, Section 607.0505, Flori	uthorized by the corpora rida Statutes.	poration submits this statement for th ation's board of directors. I hereby ac	cept the appoin	tment as	registered
SICIVATORE	Seprendicie, typed or princed name of registered ag		Registered Agent signature requ		DATE		
12.	T	DELETE	13.	ADDITIONS/CHANGES TO OF		RECTOR Change	S IN 12 Addition
THE NAME	P	_	1.1 TITLE 1.2 NAME		h	i rimilia	Muunon
STREET ADDRESS	Carlos A. Schro		1.3 STREET ADDRESS				
C:1Y - S.E - ZIP	5912 Oak Ridge Burke, VA 2201		1.4 CITY - ST - ZIP				
TIFLE	Į.	DELETE	21 TITLE	,		Change	Addition
NAMÉ	V Clorin Chinri		2.2 NAME				
STREET ADDRESS	Gloria Chiari 701 Jamaica Cir W		2.3 STREET ADDRESS				
City-St-7 ^{:p}	Apollo Beach,		2. 4 C(TY - ST - Z)P			Change	A datata -
BILE DATE		DELETE	3.1 TITLE		Ļ	1 ruange	Addition
NAME STREET ADDRESS	T Gloria Chian	:i	3.2 NAME 3.3 STREET ADDRESS	i .			
DITY - ST - 74P	(Same as above)		3.4. CITY-ST-ZIP				
THILF	S S	DELETE	4.1 TITLE		L	Change	Addition
NAME	Carlos Chiari		4. 2 NAME				
STREET ADDRESS		ir W	4.3 STREET ADDRESS				
CITY-ST-71F	Apollo Beach,	FI. 33572	4.4 CITY-ST-ZIP			1 82	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		DELETE	5 1 TITLE		.	Change	Addition
NAME CARGUA ADSIDIAGE			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
Crity - Si - ZiP Till F		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		T	Change	Addition

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 op an attachment with an address.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TILLE

NAME

STREET ADDRESS

Carlos Chiari, Secretary,

4/25/97

FILED

May 02 1997 8:00am

Secretary of State

813)645-1601

Daytime Phone # 0010363