Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90267 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004696

1. Corporation Name

NET WAY COMMUNICATIONS, CORP.

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Principal Place	e of Business	Mailing Address								
2821 NE 163 S	T 4P	2821 NE 163 ST								
MIAMI FL 33160		4P MIAMI FL 33160								
					DO NOT WRITE IN THIS SPACE					
		US				3. Date Incorporated or Qualifed				
						01/16/1997			 -	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		_	+	lied For
21		26				65-0728698				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		,	•	iditional
22		27							e Req	
City & State	e	City & State				6. Election Campaign Financing				lay Be
23		28				Trust Fund Contribution		Ad	ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	nt year inta	ngible		_
24	25	29	30			Personal Property Tax.		☐ Yes	<u> </u>	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistere d A	gent		
				81	Name					
	a, manuel			82	Stroot Ad	drace (D.O. Roy Number is Not Acceptable	اما			
2250 SW 3RD AVE. 3RD FL.				02	Sheer Ar	Address (P.O. Box Number is Not Acceptable)				
MIAIM	MI FL 33129			83						
				oxdot				, ,		
				84	City		FL	85	Zip C	ode
				ll_				hangir	od its r	enistered
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or bo h, in the Sta	0502 and 607.1508, Florida State of Florida. Such change was light one of Section 607.0505.	tutes, the a sauthorized Stati	bove- i by tt	named con he corpora	rporation submits this statement for the putilion's board of (lirectors. I hereby accept	the apt oin	tment	as reg	stered
11. Pursuant office or reagent. La	to the provisions of St ctions 607 of egistered agent, or bo h, in the Stam familiar with, and accept the obl	ligations of, Section 607.0505, I	-юпоа Stat	uies.		ired when reinstalling)	DATE			
agent. ⊢a	m familiar with, and accept the obling signature, typed or printed name of registered	ligations of, Section 607.0505, I	-юпоа Stat	uies.			DATE	D DIRE	CTOF	:S IN 12
agent. ∣a SIGNATURE	m familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable. (NO	Ti:: Registered	Agent		ired when reinstalling)	DATE		CTOF	
agent. a SIGNATURE	m familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO ANT) DIRECTORS	Ti:: Registered	Agent		ired when reinstalling)	DATE	D DIRE	CTOF	:S IN 12
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14. Thereby 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 a mual 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> JORGE FLEISCHEN SIGNING OFFICER OR DIRECTOR