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FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035996 (2)

1. Corporation Name

SECURENET TECHNOLOGY, INC.



Principal Place of Business

6231 SEDGEWICK CIRCLE. W.
DAVIE FL 33331

Mailing Address

6231 SEDGEWICK CIRCLE. W.
DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9051 NW 193 Terr

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33018

Country

25 Dade

2a. Mailing Address

26 9051 NW 193 Terr

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33018

Country

30 Dade

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0766279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARIAS, JACQUELINE
6231 SEDGEWICK CIRCLE, W.
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name

Jacqueline Arias

82

Street Address (P.O. Box Number is Not Acceptable)

9051 NW 193 Terr

83

84

City

Miami

FL

85

Zip Code

33018

11. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME ARIAS, JACQUELINE
STREET ADDRESS 6231 SEDGEWICK CIRCLE W.
CITY-ST-ZIP DAVIE FL 33331

TITLE ☐ DELETE

D
NAME CIOTTI, KATHERINE
STREET ADDRESS 3240 NW 101 AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

D
1.1 TITLE
1.2 NAME Jacqueline Arias
1.3 STREET ADDRESS 9051 NW 193 Terr
1.4 CITY-ST-ZIP Miami, FL 33018

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 attachment with an address.

SIGNATURE:

Jacqueline Arias 4/12/98 (305) 829-1304

CR2E034 (10/97)