

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000040119

RAPID/NET, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90240 037 ***150.00



Principal Place of Business	Mailing Address		1 (541)281 110 1211 1221 2211 2211 2211	,
91 N.E. 91ST STREET	91 N.E. 91ST STREET			•
MIAMI FL 33138	MIAMI FL 33138	,	DO NOT WRITE IN THI	S SPACE
•			3. Date Incorporated or Qualifed	·· <u>+</u> · / ····
			05/05/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11619 NE 6TH	1 AVE. 26 11619 NE 4	eTH AVE.	65-0753782	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27			, Fee Required
City & State BISCAYNE PARK	, FL 28 BISCAYNE P	ARK, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	/ k	Country	8. This corporation owes the current year l	ntangible
24 33161 25 U	9 - 9 - 9 - 9	10 USA	Personal Property Tax. 10. Name and Address of New Registere	
9. Name and Addres	ss of Current Registered Agent	81 Name		u Agent
FROST, JESSICA		F	ROST, JESSICA	<u> </u>
91 N.E. 91ST STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
MIAMI FL 33138		83 0 60	100 9	
		" BISC	AVNE PARK	
		84 City	COQUEST DADY F	85 Zip Code
11 Durayant to the provisions of Sacti	one 607 0502 and 607 1508 Florida Statutes	the above-named com	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both,	in the State of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent I am familiar with, and acce		_ 1 T	2/1	199
SIGNATURE Signature (View of privated and I	of registered agent and title if applicable. (NOTE: R	Registered Agent signature require	d when reinstatung) DATE	
, , ,	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME FROST, JESSICA		12 NAME		
STREET ADDRESS 91 N.E. 91ST STREE	ET	1.3 STREET ADDRESS	•	•
CITY-ST-ZIP MIAMI FL 33138		14 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		ŀ
STREET ADDRESS		2.3 STREET ADDRESS	:	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		32 NAME		İ
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		,
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		*
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		{
CITY_ST_7IP		6.4 CITY-ST-ZIP		i

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, with all other like empowered.

SIGNATURE:

LASTER CHARGE THE SESSICA

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05-151-15.