

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90023 042 ***150.00

DOCUMENT # P97000063571

1. Corporation Name
INTERNET WEB0 CORPORATION

Principal Place of Business
7225 NW 25TH STREET
STE. 319
MIAMI FL 33122

Mailing Address
7225 NW 25TH STREET
STE. 319
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0811739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7225 NW 25TH ST.

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 MIAMI FL

Zip

24 33122

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FLUGEL, WALTER
21218 ST ANDREWS BLVD.
#508
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name HOMERO A. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)
2300 SW 3RD AVE #1

83 MIAMI

84 City MIAMI

FL

85 Zip Code 33129

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

04-24-99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME GONZALEZ, HOMERO
STREET ADDRESS 2300 S.W. 3RD AVE. #1
CITY-ST-ZIP MIAMI FL 33129

TITLE P ☒ DELETE
NAME FLUGEL, WALTER
STREET ADDRESS 21218 ST. ANDREWS BLVD. #508
CITY-ST-ZIP BOCA RATON FL 33433

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☐ Change ☐ Addition
2.2 NAME HOMERO A. GONZALEZ
2.3 STREET ADDRESS 2300 SW 3RD AVE #1
2.4 CITY-ST-ZIP MIAMI FL 33129-2038

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-99

CR2E034 (11/98)

0178280