

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

FILED

May 11 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 # P97000070501 (6)
1. Corporation Name
EXPONET INC.

Principal Place of Business
18248 NW 14 ST
PEMBROKE PINES FL 33029

Mailing Address
18248 NW 14 ST
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19248 NW 14 Street Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FL 24 Zip 33029 25 Country USA		2a. Mailing Address 26 19248 NW 14 Street Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FL 29 Zip 33029 30 Country USA		3. Date Incorporated or Qualified 08/14/1997	
				4. FEI Number 65-0784120 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FEBLES, DINORATH 18248 NW 14 ST PEMBROKE PINES FL 33029				10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 19248 NW 14 Street 83 84 City PEMBROKE PINES FL 85 Zip Code 33029			
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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 Dinorath Febles DINORATH FEBLES, VICEPRESIDENT 04-30-98
Signature, typed name, title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEBLES LOZADA, DINORATH	1.2 NAME	
STREET ADDRESS	18248 NW 14 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZADA, EDGAR	2.2 NAME	SECRETARY
STREET ADDRESS	18248 NW 14 ST	2.3 STREET ADDRESS	CYNTHIA CEDENO
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	19248 NW 14 Street
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PEMBROKE PINES FL 33029
NAME	MERCHAN, LIZZETH	3.2 NAME	
STREET ADDRESS	6785 NW 169 ST, UNIT C	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHAN, RAMON	4.2 NAME	
STREET ADDRESS	6785 NW 169 ST, UNIT C	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RONNARD	5.2 NAME	
STREET ADDRESS	1710 ROOSEVELT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dinorath Febles DINORATH FEBLES 04-30-98 (305) 691-7240
Signature, typed name, title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (1097)