Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000097727

DSYNTEI	RNET DESIGNS INC.											
Principal Place	e of Business	Maili	ing Address					[[[]]	581 118 181 11 18811 181 11	BBIN ARNE BAI	(#W 1011) (#W1) 19	310 11011 1001 1001
5100 N.W. 167T	'H ST		N.W. 167TH ST									
SUITE 116 SUITE 116 MIAMI LAKES FL 33.01-4 MIAMI LAKES FL 33.01-4						DO NOT WRITE IN THIS SPACE						
MIAMI LANES I	2 33.01-4	INITAR	M DANCO I C OU.	,,,,,			3.	Date Incor	porated or Qualife			
								11/17/19				
2. Principal Pl	lace of Business	2a. N	Mailing Address				4.	FEI Numb	er			Applied For
21		26						65-0806	319			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc				5.	Certifcate	of Status Desired			Additional
22		27										Required
City & State	e ·	⊢	City & State				6.		ampaign Financir I Contribution	g 🗆		May Be
23 [Zip	Country	28		Co	untry				ration owes the c	irrent vear		10 1 000
24	25	29	 -	30	•		0-	•	Property Tax.		Yes	□No
	9. Name and Address of Currer		ered Agent	[00]	T		10.		Address of Nev	v Registere	d Agent	
	10111 00111100				81	Name						ļ
	IGAN, ORLANDO				82	Street Ad	ddress (P	O. Box Nu	mber is Not Acce	ptable)		
	N.W. 170TH STREET										······	
MIAN	MI FL 33055				83					•		
					84	City			_		. 85 Zi	ip Code
_					Ш					<u>_</u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	uz anu our	. 1306, Florida d	riatutes, inte	above	s-Haillieu C	or por a rior		-t bb	no parpoos	ciotmont or	registered
agent. I ar SIGNATURE	m familiar with, and accept the obliga	ations of, S	Section 607.0508	vas authonze 5, Florida Sta	etutes.	tne corpor	ation s bo	oard or direc		cept me apt	onunent as	
agent. I ar SIGNATURE	m familiar with, and accept the obligation of th	ations of, S	Section 607.0508	vas authorize 5, Florida Sta (NOTE Register	etutes.	tne corpor	uired when r	reinstating)		DATE	<u> </u>	
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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 efficiency of the corporation of 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 adacting of the receiver of the corporation of the receiver of 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 adacting of the receiver of the corporation of the receiver of trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP