


FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 003 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000101434					
1. Corporation Name NET PAR, INC.					
Principal Place of Business 1645 S. MIAMI AVENUE MIAMI FL 33129			Mailing Address 1645 S. MIAMI AVENUE MIAMI FL 33129		
2. Principal Place of Business 21 2131 NW 79 Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip Country 24 33122 USA					
2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30					
3. Date Incorporated or Qualified 12/01/1997					
4. FEI Number 65-0799269					
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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent ROBLEDO, ANTHONY 1645 SOUTH MIAMI AVE. MIAMI FL 33129			10. Name and Address of New Registered Agent 81 Name LUCIO M. RODRIGUES 82 Street Address (P.O. Box Number is Not Acceptable) 1645 S. MIAMI AVE 83 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 LUCIO M. RODRIGUES DATE 09/07/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME RODRIGUES, LUCIO M STREET ADDRESS 1645 S. MIAMI AVENUE CITY-ST-ZIP MIAMI FL 33129			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: LUCIO M. RODRIGUES DATE 8/24/99 305-4317147 Signature and typed or printed name of signing officer or director					

CR2E034 (5/99)