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

Jun 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 🔒 ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS P97000102758 (4) DOCUMENT # NETBOX USA, INC. Principal Place of Business Mailing Address 1845 8 MIAMI AVE 1645 S MIAMI AVE MIAMI FL 33129 3 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2131 NW 79th Avenue 79th Avenue 2131 NW 65-0799270 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be チん MIAMI miam Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible ús A 33126 USA 33126 25 29 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN WOLFE & RENNERT, P.A. ATTNÉCHARLES J RENNERT Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST, 35TH FLOOR MIAM! FL 33131-2130 63 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boarding agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ent for the purpose of changing its registered reby accept the appointment as registered Lucio M Rooniques SIGNATURE (NOTE: Registered Agent signature required when 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT TITLE 🔲 DELETË 1.1 TALE ☐ Change Addition MIAMI AVES NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE **50000257675** -07/01/98--01008--012 NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS ***150,00 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 fustee 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.

FILED