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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000019340 1. Corporation Name

NET MARKETING USA, INC

May 24, 1999 8:00 am Secretary of State

05-24-1999 90005 034 ***150.00

Principal Place	e of Business	Mailing	Address					563907 - 90005 - 3	34 '	•	
15511	NE, 16751	15	SINE, 16	67 ST		#2015	> ~ ~ -				
suite:	IMB, FL-33162				DO NOT WRITE IN THIS SPACE						
FL-33162					,		3. Date Incorporated				
	- '						Feb,2	1 1 1-1-18			
	ace of Business	├	iling Address				4. FEI Number 65-081	6501	-	 -	plied For
21	# -1-	26	Suite, Apt. #, etc.				105-001	<u> </u>			t Applicable
Suite, Apt.	#, etc.	\vdash					5. Certifcate of Statu	s Desired		. / Э А	dditional
City & State	<u> </u>	27 City	City & State				A Flatia Compia	- Fi			<u> </u>
¬ ′	•	<u> </u>	28				, ,	rust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Zíp Country								0 1 663
24	25	29	30				8. This corporation owes the current year intangible Personal Property Tax.				XNo .
	9. Name and Address of Curre	1=-1		1	•			ss of New Registered			 _
***					81	Name				_	
MOHAMMAD MAMUN						2 0 10 10 10 10 10 10 10 10 10 10 10 10 1					
					82	2 Street Address (P.O. Box Number is Not Acceptable)					
155 INE, 1675, #201-S					83						
NMB, FL-33162					84	City			85	Zip C	inde
				_				FI			
	o the provisions of Sections 607.05 egistered agent, or both, in the State										
agent. I ar	n familiar with, and accept the oblig	ations of, Sec	tion 607.0505, Flori	ida Statu	tes.	ine corporation	Ta board of directors. Th	icreby accept the appr	JII (011(G11)	43 102	JISICIEG
SIGNATURE											
	Signature, typed or printed name of registered age				Agent	signature required		DATE	NO DID	<u> </u>	DC 111 42
12.	OFFICERS A	ND DIRECTO	DELETE	13.			ADDITIONS/CHAN	GES TO OFFICERS A			Addition
TITLE	PRESIDENT	240.52	□ DELETE	11TIT						ange	
NAME	MOHAMMAD MA	אטןזקר -	.010112	1.2 NA							
STREET ADDRESS	1551 NE, 1551, #2015 INMB,			1	1.3 STREET ADDRESS						
CITY-ST-ZIP	<u> </u>	50	☐ DELETE			-ZIP			Cr	ange –	Addition
TITLE	V. PRESIDENT		- DELETE	2.1 TIT						iange	[
NAME	FATEMA MU	UTU		2.2 NA		1000can					
STREET ADDRESS	2075 NE, 1641	b.STJ ≒	1-203, NMI	싀		ADDRESS					
CITY-ST-ZIP		3160-	DELETE	2. 4 CIT		r- ZIP				2000	Addition
TITLE			DELETE	3.1 TITL						lange	[_] Addition
NAME _				3 2 NA						-	-
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			☐ DELETE	3.4, CIT		-ZIP			CH	2000	☐ Addition
TITLE			☐ DETE LE	4.1 ∏∏						lange	Addition
NAME				4 2 NA							
STREET ADDRESS				1		ADDRESS !					
CITY-ST-ZIP			Clociete	4.4 CIT	_	ZIP				0000	Addition
TITLE			DELETE	5.1 TITL 5.2 NAM					☐ Ch	ange	
NAME						*DDDEED					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			C DELETE	5.4 CITY 6.1 TITL		- 2117				2000	[] Addition
TITLE			☐ DELETE	3		\			Ch	ange	Addition
NAME				6.2 NAA							
STREET ADDRESS						ADDRESS					
CITY ST 7ID				64 CIT	Y∙ST-	ZIP I					1

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 apachment with an address, with all other like empowered.

SIGNATURE: