2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000040709 FILE. JELHETARY OF STATE 1. Entity Name VISION OF CORPORATIONS BEEP-NET CORPORATION 00 SEP 25 AM 10: 10 Principal Place of Business Mailing Address 255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCLE STE 380 STE 380 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0842940 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, FELIX 255 ALHAMBRA CIRCLE **STE 380** CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNAT e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Delete TITLE Change NOVO, JUAN NAME NAME 255 ALHAMBRA CIRCLE, STE 380 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME 800003416238--0 STREET ADDRESS STREET ADDRESS -10/06/00--01020--024 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an officers, with an officer like empowered.

SIGNATURE.

GIVETURE REQUIRED

8/29/0

305-643-4333

BEEP NET CORPORATION 236 SW 22TH AVENUE MIAMI, FL 33135

August 29, 2000

Florida Department of State Tallahassee, Fl 32399

To Whom It May Concern:

I am writing to your offices because we never received the annual report for the above named corporation. I think that the reason why we never received it was because we changed our address and you might have mail it to the wrong address. Please make note of our new address and new registered agent. We ask that you please waive the penalty of \$400.00 since we never received it on time.

Thank You,

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