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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047264

1. Corporation Name

US NETT COMMUNICATIONS, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90097 044 ***150.00



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Principal Place	of Business	Mailing Address			1 10 2 11 0 11 11 11 11 11 11 11 11 11 11 11 1) Antil maire Batti Antil 4)(B)(18618 B)=(8 4	JILES MADY 48 M.	
3410 GALT OCEAN DRIVE 3410 GALT OCEAN DRIVE									
#610N #610N					DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					3. Date Incorporated or C		31 ACL	$\overline{}$	1
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Principal Place of Business 2a, Mailing Address					4, FEI Number		Apr	plied For	l
					65-086 8950			Applicable	l
21 1975 6. DUNCISE BAIG . 26 Suite, Apt. #, etc Suite, Apt. #, etc							-\$8.75:A		<u>-</u>
22 SUITE 626 27					5, Certificate of Status De	sired Land	Fee Rec	,	1
City & State City & State					6. Election Campaign Fin	-	\$5.00 1		l
23 FT. LAUDERDALE, FL 28					Trust Fund Contribution	<u> </u>	Added to) Fees	l
Zip	Country	Zip	Coun	try	8. This corporation owes			□No I	1
24 333		29 30	<u> </u>		Personal Property Tax 10. Name and Address o		<u> </u>		ł
	9. Name and Address of Current	Registered Agent		31 Name ,			_		l
. MAD	TIN, FRANCISCO J		1		TAQTIN, FRAL	161500 -	<u>Z. </u>		
311 SW 31 AVE.				Street Ad	tress (P.O. Box Number is Not	Acceptable)			
MIAMI FL 33135				34 / 3	han 442 21.	# 103		——	ĺ
	11 1 2 30 133		ľ	33				i	ĺ
•				B4 City Fox	2T. LAUDERDALE	FL	85 Zip C	305	
40. 10. 40. 40. 40. 40. 40. 40. 40. 40. 40. 4									
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the colligation	Florida. Such change was auth Ins of, Section 607.0505, Florid	orized a Statu	by the corporates.	tion's board of directors. I heret	y accept the appoi	ntment as reg	jistered	
SIGNATURE		- FRANK	1500	T MA	אנדע!	04/05/	1999		
	Signature, typed or printed name of edistered agent a	and title if applicable. (NOTE: Re	gistered A	gent signature requi	red when reinstating)			DC IN 12	6
12.	ÖFFICERS AND	DELETE	13.		ADDITIONS/CHANGES	TO OFFICERS AN	Change	Addition	1 2
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NAME	VAZQUEZ, OSVALDO		1.2 NAA					}	8
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CITY-ST-ZIP	No. 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

SIGNATURE:

CITY-ST-ZIP

REFERENCE J. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR