Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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Apr 22, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000052113

1. Corporation Name
BUSSINET CORP.

Principal Place of Business	Mailing Address
1080-84 ST. APT 405 BAY HARBOR ISLAND FL 33154	1080-84 ST. APT 405 BAY HARBOR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1998

2. Principal Place of Business	2a. Mailing Address
21 4360 N.W. 107 AVE	26 4360 N.W. 107 AVE
22 Suite, Apt. #, etc. 108	27 Suite, Apt. #, etc. 108
23 City & State MIAMI, FL.	28 City & State MIAMI, FL.
24 Zip 33178 25 Country	29 Zip 33178 30 Country

4. FEI Number: 65-0846706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

DE GIORGIO, JOSE
1080-84 ST. APT 405
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

51 Name: DE GIORGIO, JOSE
52 Street Address (P.O. Box Number is Not Acceptable): 4360 NW 107TH AVE.
53 APT. 108
54 City: MIAMI 55 FL 56 Zip Code: 33178

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: X JOSE DE GIORGIO 03/24/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE GIORGIO, JOSE 1080-84 ST. APT 405 BAY HARBOR ISLAND FL 33154	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D DE GIORGIO, JOSE 4360 NW 107TH AVE APT. 108 MIAMI, FL. 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: X JOSE DE GIORGIO / D 03/24/99 (305) 500-9797
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #