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

PROFIT CORPORATION ANNUAL REPORT 1999

BERNARDONI,

2183 S.W. 173RD AVENUE MIRAMAR FL 33029



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90108 045 ***150.00

DOCUMENT # P98000059958

1. Corporation Name

EMB NET, CORP.

	•				
Principal Place of Business	. Mailing Address	f 1881/641 () & 18/81 (31(1 25(1) 48/1) Spiel altife jates anse, sen en-			
2183 S.W. 173RD AVENUE 2183 S.W. 173RD AVENUE MIRAMAR FL 33029 MIRAMAR FL 33029		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 07/07/1998			
2. Principal Place of Business	2a. Mailing Address	4) FEI Number Applied For			
21	26	05-085-2146 Not Applicab			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired S8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing \$5.00 May Be			
23	28	Trust Fund Contribution Added to Fees			
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Cu	10. Name and Address of New Registered Agent				

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 expent, or foth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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Name

City

Street Address (P.O. Box Number is Not Acceptable)

agent. I am familiar vinh, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typedfor printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	ES TO OFFICERS A				
TITLE	RD , \	DELETE	1.1 TITLE	PD.	_	Change	Addition 2		
NAME	B er bard on i, Ev e nn	Í	1.2 NAME	RERNARDONI	PINAC		ĺ		
STREET ADDRESS.	2183 S.W. 1738D AVENUE		1.3 STREET ADDRESS	3192 SUL 17	3 A-V&)		
CITY-ST-ZIP	MIRAMÀR FL 33029		1.4 CITY-ST-ZIP	HIRAHAR, FC	, 33047				
TITLE	VD	☐ DELETE	2.1 TITLE	,		[] Change	Addition		
NAME	BERNARDONI, MARIO		2.2 NAME			•			
STREET ADDRESS	2183 S.W. 173RD AVENUE		2.3 STREET ADDRESS	}			}		
CITY-ST-ZIP	MIRAMAR FL 33029		2. 4 CITY-ST-ZIP	<u></u>		<u> </u>			
TITLE		=D:DELETE ===	3.1 TIRE 2	Same and the		Change	- Addition.		
NAME			3.2 NAME			,	-		
STREET ADDRESS		i	3.3 STREET ADDRESS				1		
CITY-ST-ZIP	<u> </u>		3.4. CiTY-ST-ZIP						
TITLE		DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS	•					
CITY-ST-ZIP	\		4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME				}		
STREET ADDRESS			5.3 STREET ADDRESS				\		
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME			•			
STREET ADDRESS			6.3 STREET ADDRESS				ļ		

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 attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code

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