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FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90007 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000071777

1. Corporation Name

DCNETS Consulting Inc.

Principal Place of Business

Mailing Address

Pompano Beach, FL. 701 Pine Drive #110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/20/1998

4. FEI Number

65-0857289

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

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

2. Principal Place of Business

21 Pompano Beach, FL.

Suite, Apt. #, etc.
22 110

City & State
23 Pompano Beach, FL.

Zip Country
24 33060 25 US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country
29 30

9. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Elsie Sanchez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Resit Siy	
STREET ADDRESS	701 Pine Drive, #110	
CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE	xxxxxxx Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Resit Siy	
STREET ADDRESS	701 Pine Dr. #110	
CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE	VicePresident	<input type="checkbox"/> DELETE
NAME	Frank Hansen	
STREET ADDRESS	701 Pine Drive #110	
CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Frank Hansen	
STREET ADDRESS	701 Pine Drive #110	
CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Vallotton	
1.3 STREET ADDRESS	701 Pine Drive Apt. 110	
1.4 CITY-ST-ZIP	Pompano Beach, FL. 33060	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Vallotton	
3.3 STREET ADDRESS	701 Pine Drive Apt. 110	
3.4 CITY-ST-ZIP	Pompano Beach, FL. 33060	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Frank Hansen

04/26/1998

954-7854030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)