

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

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90012 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P 98000077884</b>			
1. Corporation Name <b>NEWNET TECHNOLOGIES INC.</b>			
Principal Place of Business <b>2609 NW 49TH ST Boca Raton FL 33434</b>		Mailing Address	
2. Principal Place of Business		3a. Date of Last Report <b>(1ST YR)</b>	
21. Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>8-28-98</b>	
22. City & State		4. FEI Number <b>65-08595502</b>	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Country		30. Country	
9. Name and Address of Current Registered Agent <b>Ramon TRIANA 2609 NW 49TH ST Boca Raton FL 33434</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		86. 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 <b>3/1/99</b>			
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>RAMON TRIANA, PRES./DIRECTOR</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <b>2609 NW 49TH ST</b>		1.2 NAME	
3. STREET ADDRESS <b>Boca Raton FL 33434</b>		1.3 STREET ADDRESS	
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
5. CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. CITY-ST-ZIP		2.2 NAME	
7. CITY-ST-ZIP		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. CITY-ST-ZIP		3.2 NAME	
11. CITY-ST-ZIP		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. CITY-ST-ZIP		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. CITY-ST-ZIP		5.2 NAME	
19. CITY-ST-ZIP		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. CITY-ST-ZIP		6.2 NAME	
23. CITY-ST-ZIP		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption that information indicated on this annual report or supplemental annual report is true and accurate and 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.			
SIGNATURE: <b>Ramon Triana</b> <b>4/1/99</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			