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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000091321

1. Corporation Name NETBOX AMERICA, INC.

Principal Place of Business

Mailing Address

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90046 002 ***150.00



177 OCEAN LAI SUTIE 200	NE DRIVE	177 OCEAN LANE DRIVE SUTIE 200				
KEY BISCAYNE	FL 33149	KEY BISCAYNE FL 33149		DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed 10/27/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied F	or
21 177 C	Ocean Lane Drive	26 17555 Coll	ling Ave.	650875693	Not Appli	cable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	, ,	5. Certifcate of Status Desired	\$8.75 Addition Fee Required	
City & State	3	City & State	**************************************	6. Election Campaign Financing	\$5.00 May B	e
23 Key 1	Biscayne, FE:	28 Sunny Isla	s, FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the currer		
24 3314	9 25 USA	29 33160 3	o USA	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	minimum Charles	tacal .	
ESTE	ELA, JOSE L		82 Street Addr	ess (P.O. Box Number is Not Acceptab	e)	
177	OCEAN LANE DRIVE		1755		£ 405	
SUTI	E 200		83	Joseph Jan	· · · · · · · · · · · · · · · · · · ·	
KEY	BISCAYNE FL 33149					
	•		84 City <	Telas	FL 85 Zip Code 33160	
	3	and the state of t	1 20	oration submits this statement for the pr		
11. Pursuant t	to the provisions of Sections 607.0502 edistered agent, or both, in the State (2 and 607.1508, Florida Statutes of Florida. Such change was aut/	, the above-named corp norized by the corporation	on's board of directors. I hereby accept	the appointment as registere	d
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.			1
SIGNATURE		ique Urdaneta			DATE	_ 1
	Signature, typed or printed name of registered agent	*****	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFI		12
12.	OFFICERS ANI	□ DELETE	1.1 TITLE	ADDITIONO. DUTGE TO SELECT	·	Addition
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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)(5)(1)(5) indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the santaics officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 18 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

atutes. I further certify that the information of as if made under oath; that I am an tutes; and that my name appears in

CITY-ST-ZIP