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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092076

GONNET CORP.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90114 040 ***150.00



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Principal Place of Business Mailing Address						•	- I INCHIANI IIN IBINI NUMBER COMIN AND IN AND IN AND IN AND IN		BASA ACII SANI
412 S.E. 33RD STREET							DO NOT WRITE IN THIS S	SPACE	
							3. Date Incorporated or Qualifed		
							10/29/1998		
Principal Place of Business 2a. Mailing Address							4. FEI Number	Apr	olied For
21							65-0880145, -	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			te, Apt. #, etc.	C			5. Certificate of Status Desired	\$8.75 A	
27							5. Certificate of Status Desired Fee Required		
City & State City &			& State				6. Election Campaign Financing \$5.00 May Be		
23	28						Trust Fund Contribution Added to Fees		
Zip				_ Count □	гу	•	8. This corporation owes the current year Inta		□No
24 25 29 30							Personal Property Tax. 10. Name and Address of New Registered A		
9. Name and Address of Current Registered Agent						Name			
MICHAELS, MARVIN D ESQ.									
1010 S.W. 86TH COURT MIAMI FL 33144				8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		· [
				Ř	83		and Mari		
				Ľ				.,	
				8	4	City	FL	85 Zip C	code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1	508 Florida Statutes	the abo	We-	-named corno	oration submits this statement for the purpose of or	hanging its	registered
office or s	naistered agent or both in the State of	Florida S	uch change was auti	horized b	ıv ti	he corporation	n's board of directors. I hereby accept the appoin	lment as rec	istered
agent. I a	m familiar with, and accept the obligation	ons of, Sec	tion 607.0505, Florid	a Statute	es.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if appli	eable (NOTE R	ecustered An	vent :	signature required	when reinstating) DATE]
12.	OFFICERS AND			13.	,		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D-VRESIDENT		☐ DELETE	1.1 TITLE	:			Change	Addition
NAME	FIORITO, CRISTINA			1.2 NAM	E				ĺ
STREET ADDRESS	412 S.E. 33RD STREET			1.3 STRE	EΤΑ	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-	-ST-	-ZIP	•		
TITLE	EDUARDO SENDRY	1/0-5	☐ DELETE	2.1 TITLE	=	`		☐ Change	☐ Addition
NAME	CHUING TELLOS	1 G		2.2 NAMI	Ę				(
NAME STREET ADDRESS 412 S.E. 33RD ST.				2.3 STRE	ET#	ADDRESS			j
CITY-ST-ZIP	CAPECORALFL.3.	·. ·	2. 4 CITY	-ST	r-ZIP	and the second of the second o	:		
TITLE	-		☐ DELETE	3.1 TITLE	= _			☐ Change	☐ Addition
NAME				3.2 NAM	E		·		Ì
STREET ADDRESS				3.3 STRE	ET /	ADDRESS			
CITY-ST-ZIP	·			3.4. C/TY	-ST	r-ZiP			
TITLE			☐ DELETE	4.1 TITLE	•			☐ Change	☐ Addition
NAME	•			4. 2 NAM	E				
STREET ADDRESS				4.3 STRE	ET/	ADDRESS	•		*
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 CITY		-ZIP			
TITLE			DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	,			5.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	•			5.4 CITY		-ZIP			د دانالده ا
TITLE	·		☐ DELETE	6.1 TITLE			-	☐ Change	☐ Addition
NAME				6.2 NAME					į
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					ADDRESS		•	
ı	F ·			S A CITY	CT	71D			

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.