
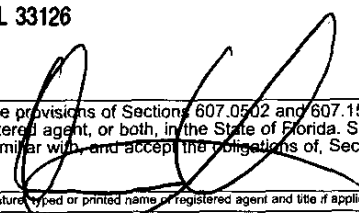


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90008 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000095639</b> ✓					
1. Corporation Name <b>NET DOMINION, INC.</b>					
Principal Place of Business <b>7353 NE 8 STREET STE C MIAMI FL 33126</b>			Mailing Address <b>7353 NE 8 STREET STE C MIAMI FL 33126</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/12/1998</b>	
21 <b>9730 NW 25th Street</b>		26 <b>9730 NW 25th Street</b>		4. FEI Number <b>65-0875240</b>	
Suite, Apt. #, etc. 22 <b>2nd Floor</b>		Suite, Apt. #, etc. 27 <b>2nd Floor</b>		Applied For Not Applicable	
City & State 23 <b>Miami, FL</b>		City & State 28 <b>Miami, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33172</b>		Zip 29 <b>33172</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ARMENTEROS, OMAR 7353 NE 8 STREET STE C MIAMI FL 33126</b>			10. Name and Address of New Registered Agent		
			81 Name <b>Omar Armenteros</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>9730 NW 25th Street</b>		
			83 <b>Second Floor</b>		
			84 City <b>Miami</b> FL 85 Zip Code <b>33172</b>		
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 provisions of, Section 607.0505, Florida Statutes.					
SIGNATURE  DATE <b>6/7/99</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b>	<input type="checkbox"/> DELETE			
NAME	<b>ARMENTEROS, OMAR</b>				
STREET ADDRESS	<b>7353 NE 8 STREET STE C</b>				
CITY-ST-ZIP	<b>MIAMI FL 33126</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>OMAR ARMENTEROS</b>				
1.3 STREET ADDRESS	<b>9730 NW 25 Street, 2nd Floor</b>				
1.4 CITY-ST-ZIP	<b>Miami, FL 33172</b>				
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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					

SIGNATURE:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/99

Date

305-450-4113

Daytime Phone #

CR2E034 (11/98)

P98000095639  
590407-900080-12



7353 NW 8 Street, Suite C  
Miami, FL 33126  
TEL: 305-265-0447  
FAX: 305-265-0872

June 7, 1999

Dear Sir/Madam

The reason for our tardiness on filing the annual report is due to an error in the address. I do believe that this error was on your behalf since our Articles of Incorporation have our correct address. Your office mailed it to 7353 NE 8 Street STE C, when our correct address is 7353 NW 8 Street STE C. I have also mailed along a copy of our Articles of Incorporation for verification of our address. As soon as I received the annual report and noticed the late fee, I immediately called your office and one of your employees instructed me to write this letter. She told me that she could not guarantee anything, however, if the error was on your behalf you would obey the late fee. Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Susie Bidot".

Susie Bidot  
Office Manager  
GIS, Inc.

