**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000105224

1. Corporation Name

SOUTH F	IOSTING NET, INC.					
Principal Plac	e of Business	Mailing Address	<del>_</del>		·	
3305 SW 25TH TERR 3305 SW 25TH TERR						
AIAMI FL 33133 MIAMI FL 33133					DO NOT WITH	N THIS SPACE
					DO NOT WRITE II  3. Date Incorporated or Qualifed	N THIS SPACE
•	×				12/18/1998	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
24	lace of Eddinoss	26			65-0888639	Not Applicable
		Suite, Apt. #, etc.				\$8.75 Additional
22				5. Certifcate of Status Desired	Fee Required	
City & Stat	е	City & State		<u>.</u>	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible
24	25	29 3	0]		Personal Property Tax.  10. Name and Address of New Regi	Yes No
	9. Name and Address of Current	Registered Agent	81	Name	to. Name and Address of New Negr	stered Agent
FAZZ	AH, LISA		L.			
632 DE LEON DRIVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAMI SPRINGS FL 33166			83	<del> </del>		
	-					
			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						
	Signature, typed or printed name of registered agent			nt signature req	aured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12. TITLE	OFFICERS ANI	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO CITION	Change Addition
NAME	FRAILE, SERGIO JR		1,2 NAME			
	AGAS ON APTH TERR		1	TADDRESS		
	MIAMI FL 33133		1,4 CITY-S			
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	DIAZ, ALVARO		2.2 NAME	ļ		
STREET ADDRESS	632 DE LEON DRIVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	•	2. 4 CITY-5	ST-ZIP		
TITLE	D	☐ DELETE	3,1 TITLE			☐ Change ☐ Addition
NAME	ABREU, MASIEL		3.2 NAME	ľ		
STREET ADDRESS	3305 SW 25TH TERR		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-5	ST-ZIP		
TITLE	D	☐ DELETE	4,1 TITLE			Change Addition
NAME	FAZZAH, LISA		4, 2 NAME			
STREET ADDRESS	632 DE LEON DRIVE			T ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	☐ DELETE	4.4 CITY-S	T-ZIP		Change Addition
TITLE		☐ pereie	5.1 TITLE 5.2 NAME			□ ouride □ volume.
NAME	<u></u>			T ADDRESS	المن المن المنا	
STREET ADDRESS			5.4 CITY-S			
TITLE		☐ DELETE	6.1 TITLE	$\overline{}$		☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREE	T ADDRESS		j

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 of 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90291 031 \*\*\*150.00