


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90185 037 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000107116</b> 1. Corporation Name <b>EXOTICNET, INC.</b>		

Principal Place of Business 965 NE 72ND ST. MIAMI FL 33138	Mailing Address 965 NE 72ND ST. MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10650 NE 10 <sup>th</sup> Ct Suite, Apt. #, etc.		2a. Mailing Address 26 10650 NE 10 <sup>th</sup> Ct Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/22/1998	
22 City & State 23 Miami Shores, FL		27 City & State 28 Miami Shores, FL		4. FEI Number 65-0887472	
24 33138 25 USA		29 33138 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BLAIR, EVAN M DR. 965 NE 72ND ST. MIAMI FL 33138		10. Name and Address of New Registered Agent 81 Name Blair, Evan M. Dr. 82 Street Address (P.O. Box Number is Not Acceptable) 10650 NE 10 <sup>th</sup> Ct 83 84 City Miami Shores FL 85 Zip Code 33138		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President - Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evan M. Blair	1.2 NAME	
STREET ADDRESS	10650 NE 10 <sup>th</sup> Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Shores, FL 33138	1.4 CITY-ST-ZIP	
TITLE	Vice President - Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Stabinski	2.2 NAME	
STREET ADDRESS	10650 NE 10 <sup>th</sup> Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Shores FL 33138	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE:

EVAN M. BLAIR (Evan M. Blair) 4-1-99 (305) 891-4323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date

CR2E034 (11/98)