
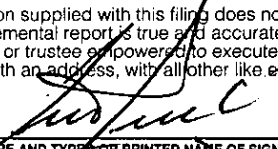


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90013 030 ***158.75

DOCUMENT # P99000002880			
1. Entity Name MERCANET INTERNATIONAL, CORP.			
Principal Place of Business 185 SE 14TH TERRACE SUITE 2502 MIAMI FL 33131		Mailing Address 185 SE 14TH TERRACE SUITE 2502 MIAMI FL 33131	
2. Principal Place of Business 13499 BISCAYNE BLVD.		3. Mailing Address 2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 240	
City & State N. MIAMI BEACH, FL		City & State MIAMI, FL	
Zip 33181	Country	Zip 33134	Country
6. Name and Address of Current Registered Agent DOMINGO HERNANDEZ, LUIS 185 SE 14TH TERRACE SUITE 2502 MIAMI FL 33131		7. Name and Address of New Registered Agent Name GABRIEL PRATS Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. STE. 240 City MIAMI FL Zip Code 33134	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LUIS DOMINGO 185 SE 14TH TERRACE MIAMI FL 33131 <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Luis Domingo Hernandez 04-24-01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)