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**

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90027 040 ***150.00

DOCUMENT #	S42518	l
	UTEUIU	,

1. Corporation Name

HNIENIC	DE COMMUNICATION NET	WORK CORPORATION						
Principal Place	e of Business	Mailing Address						
220 MIRACLE N	AILE	220 MIRACLE MILE		,				
SUITE 202 CORAL GABLES	S EL 20124	SUITE 202 CORAL GABLES FL 33134		DO NOT	DO NOT WRITE IN THIS SPACE			
CONAL GABLES	5 FL 33134	COMME CADELS IE COTO		3. Date Incorporated or Qua	lifed			
				04/01/1991	•			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26		65-0252972		No	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed 🔲	\$8.75 A		
22		27		S. Gorarda G. Clarat I I I I		Fee Re	quired	
City & State	e	City & State		6. Election Campaign Finan	cing 🗆	\$5.00		
23		28	0	Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the	current year Inta		□No	
24	25	29 3	0	Personal Property Tax. 10. Name and Address of N	lew Registered A			
	9. Name and Address of Current	r Kedisteled Agent	81 Name	To: Haire and Australia				
SPA	CE, SANDRA							
	MIRACLE MILE		82 Street Addr	ess (P.O. Box Number is Not Ac	ceptable)			
	E 202		83					
	AL GABLES FL 33134			•		` Table 6		
			, ,	٠ ٠٠.	FL	85 Zip C	ode	
11 Purcuant	to the provisions of Sections 607.0502	2 and 607.1508. Flos	. (1 CALI 74	the purpose of c	changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such char ions of, Section 607	EASE "	ZEALIZE ARIANO ARIO ARE FFERENT	ccept the appoin	itment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	ζ.	ONALA	DATE			
12.	, OFFICERS AN	D DIRECTORS	_ 17	truth,	OFFICERS AN	D DIRECTO		
TITLE	PØ		AT '	" NOE		Change	☐ Addition	
NAME	SUFFERN, MARIO	1-	`\^\ /\ /	THO PL				
STREET ADDRESS	220 MIRACLE MILE, #202	N 1	VID 114	- 1-4				
CITY-ST-ZIP	CORAL GABLES FL			CCEREN	ļ .			
TITLE		□ DE	il alm	41		☐ Change	Addition	
NAME		1	ω° .	•	V			
STREET ADDRESS		,	is	. 1 -	VITE 20	2		
CITY-ST-ZIP		ຄ	E RSON /	•	3134	Change	Addition	
TITLE			U 1		.	☐ Change	L.W-dowon	
NAME				0	VITE 2	~ ?	ļ	
STREET ADDRESS					13'181'-	· •		
CITY-ST-ZIP		Γ1 DEL				Change	Addition	
TITLE		□ neg	4.2004					
NAME			4.2 NAME			٠		
STREET ADDRESS			4.3 STREET ADDRESS]	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition	
TITLE		E beleve	5.2 NAME			_ ·	_	
NAME STREET ADDRESS			5.3 STREET ADDRESS					
STREET ADDRESS			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

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.

6.4 C/TY-ST-ZIP

SIGNATURE: