

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90014 032 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 16, 1999.
AMOUNT DUE ON OR BEFORE OCT/99: \$250 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

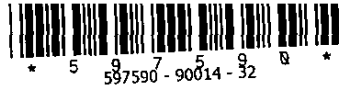
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041098

1. Corporation Name
NET 1 UEPS TECHNOLOGIES, INC.



Principal Place of Business
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BLVD SUITE 1300
FORT LAUDERDALE FL 33301

Mailing Address
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BLVD SUITE 1300
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
2a. Mailing Address
2b. City & State
2c. City & State
2d. City & State
2e. City & State
2f. City & State
2g. City & State
2h. City & State
2i. City & State
2j. City & State
2k. City & State
2l. City & State
2m. City & State
2n. City & State
2o. City & State
2p. City & State
2q. City & State
2r. City & State
2s. City & State
2t. City & State
2u. City & State
2v. City & State
2w. City & State
2x. City & State
2y. City & State
2z. City & State

3. Date Incorporated or Qualified
05/08/1997
4. FEI Number
NOT APPLICABLE
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation owes the current year
Intangible Personal Property
8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

SCHNEIDER, JAMES M ESQ.
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BLVD SUITE 1300
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
11. Name
12. Street Address (P.O. Box Number is Not Acceptable)
13. City
14. State
15. Zip Code

16. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0606, Florida Statutes.

SIGNATURE		NOTES: Registered Agent signature required when replacing:		DATE	
Signature, typed or printed name of registered agent and the filer only		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
1. TITLE	2. NAME	3. TITLE	4. NAME	5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY/STATE/ZIP	9. STREET ADDRESS	10. CITY/STATE/ZIP	11. STREET ADDRESS	12. CITY/STATE/ZIP
13. TITLE	14. NAME	15. TITLE	16. NAME	17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY/STATE/ZIP	21. STREET ADDRESS	22. CITY/STATE/ZIP	23. STREET ADDRESS	24. CITY/STATE/ZIP
25. TITLE	26. NAME	27. TITLE	28. NAME	29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY/STATE/ZIP	33. STREET ADDRESS	34. CITY/STATE/ZIP	35. STREET ADDRESS	36. CITY/STATE/ZIP
37. TITLE	38. NAME	39. TITLE	40. NAME	41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY/STATE/ZIP	45. STREET ADDRESS	46. CITY/STATE/ZIP	47. STREET ADDRESS	48. CITY/STATE/ZIP
49. TITLE	50. NAME	51. TITLE	52. NAME	53. TITLE	54. NAME
55. STREET ADDRESS	56. CITY/STATE/ZIP	57. STREET ADDRESS	58. CITY/STATE/ZIP	59. STREET ADDRESS	60. CITY/STATE/ZIP
61. TITLE	62. NAME	63. TITLE	64. NAME	65. TITLE	66. NAME
67. STREET ADDRESS	68. CITY/STATE/ZIP	69. STREET ADDRESS	70. CITY/STATE/ZIP	71. STREET ADDRESS	72. CITY/STATE/ZIP
73. TITLE	74. NAME	75. TITLE	76. NAME	77. TITLE	78. NAME
79. STREET ADDRESS	80. CITY/STATE/ZIP	81. STREET ADDRESS	82. CITY/STATE/ZIP	83. STREET ADDRESS	84. CITY/STATE/ZIP
85. TITLE	86. NAME	87. TITLE	88. NAME	89. TITLE	90. NAME
91. STREET ADDRESS	92. CITY/STATE/ZIP	93. STREET ADDRESS	94. CITY/STATE/ZIP	95. STREET ADDRESS	96. CITY/STATE/ZIP
97. TITLE	98. NAME	99. TITLE	100. NAME		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(5)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no 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 provided in section 807.0607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DATE: 15 JULY 1999

CR2E004 (5-99)

NET 1 U.E.P.S. TECHNOLOGIES INTERNATIONAL, INC.

Chancery House
High Street
Bridgetown
Barbados, W.I.

July 19th, 1999

BY AIR COURIER

Florida Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399
USA

Attention: Lee Yarboug

Dear Sirs,

Re: Document# P97000041098 - Net 1 U.E.P.S. Technologies, Inc.

Please find enclosed a draft in the amount of US\$550.00 as payment of the above.

Yours truly,



Mrs. Ella N. Hoyos

Enc.
ENH/hkt

P97000041098
597590-40014-32