

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY - 1 PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844556 (1)
1. Corporation Name
Burnup + Sims Network Designs, Inc.
~~(Formerly Burnup + Sims Engineering, Inc.)~~

Principal Place of Business Mailing Address
8600 NW 36th Street **8600 N.W. 36th Street**
Eighth Floor **Eighth Floor**
Miami, FL 33166 **Miami, FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report	
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	11-8-79	3-31-94	
22 City & State	27 City & State	4. FEI Number	Applied For	
23 City & State	28 City & State	59-1924493	Not Applicable	
24 Zip	25 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
29 Zip	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		
CT Corporation System 1200 S. Pine Island Road. Plantation, FL 33324		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		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 and title if applicable:

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ismael Perera	1.2 NAME	
STREET ADDRESS	8600 NW 36th Street, Eighth Floor	1.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33166	1.4 CITY, ST, ZIP	
TITLE	V/T/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos A. Valdes	2.2 NAME	
STREET ADDRESS	8600 NW 36th Street, Eighth Floor	2.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33166	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy J. Damon	3.2 NAME	
STREET ADDRESS	8600 N.W. 36th Street, Eighth Floor	3.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33166	3.4 CITY, ST, ZIP	
TITLE	V/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo Naranjo	4.2 NAME	
STREET ADDRESS	8600 NW 36th Street, Eighth Floor	4.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33166	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Mas	5.2 NAME	
STREET ADDRESS	8600 NW 36th Street, Eighth Floor	5.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33166	5.4 CITY, ST, ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this 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 Item 4.1 or 4.2 or 4.3 if changed, or on any attachment with an address.

SIGNATURE:

Nancy J. Damon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CMT# 2659097783

4-11-95

305-599-1800

KH