

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 JUN 30 AM 8:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 844556 (1)

1. Corporation Name
BURNUP & SIMS NETWORK DESIGNS, INC.



Principal Place of Business 8800 N.W. 36TH STREET EIGHTH FLOOR MIAMI FL 33186 US	Mailing Address 8800 N.W. 36TH STREET EIGHTH FLOOR MIAMI FL 33168-6648 US
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3. Date Incorporated or Qualified 11/08/1979	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1924493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3155 NW 77th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 3155 NW 77th Ave Suite, Apt. #, etc.
22	27
23 City & State Miami FL	28 City & State Miami FL
24 Zip 33122	25 Country US
29 Zip 33122	30 Country US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box numbers not allowed) 4000 223 3024 -- 1
83	07/08/97 01070 012 ****165.00 ****165.00
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAS, JORGE	
STREET ADDRESS	8800 NW 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAMON, NANCY	
STREET ADDRESS	8800 NW 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VALDES, CARLOS	
STREET ADDRESS	8800 NW 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERERA, ISMAEL	
STREET ADDRESS	8800 N.W. 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NARANJO, ALFREDO	
STREET ADDRESS	8800 N.W. 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3155 NW 77th Ave
1.4 CITY - ST - ZIP	MIAMI FL 33122
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3155 NW 77th Ave
2.4 CITY - ST - ZIP	MIAMI FL 33122
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3155 NW 77th Ave
3.4 CITY - ST - ZIP	MIAMI FL 33122
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3155 NW 77th Ave
4.4 CITY - ST - ZIP	MIAMI FL 33122
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3155 NW 77th Ave
5.4 CITY - ST - ZIP	MIAMI FL 33122
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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

CR2E034 (9/96)

[Handwritten signatures and notes at the bottom of the page]