

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Armstrong
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3: 20

DOCUMENT # P94000042854 (7)

1. Corporation Name

N.E.T.C.I.S. INTERNATIONAL CORP.

Principal Place of Business

8358 W. OAKLAND PARK BLVD., #100
SUNRISE FL 33351

Mailing Address

8358 W. OAKLAND PARK BLVD., #100
SUNRISE FL 33351

(SEE INSTRUCTIONS ON THIS SPACE)

3. Date of Corporation's Fiscal Year

06/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0501880

Applied For
Last Application

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status (Required)

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

SOLOMON, JEFFREY J
8358 W. OAKLAND PARK BLVD., #100
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: TURBIDE, PATRICK G
STREET ADDRESS: 2101 S. SURF ROAD, #104
CITY, ST, ZIP: HOLLYWOOD FL 33019

TITLE: VST
NAME: SOLOMON, JEFFREY J
STREET ADDRESS: 11850 N.W. 39TH PLACE
CITY, ST, ZIP: SUNRISE FL 33323

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: _____ Change Addition
12. NAME: _____
13. STREET ADDRESS: _____
14. CITY, ST, ZIP: _____

21. TITLE: _____ Change Addition
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY, ST, ZIP: _____

31. TITLE: _____ Change Addition
32. NAME: _____
33. STREET ADDRESS: _____
34. CITY, ST, ZIP: _____

41. TITLE: _____ Change Addition
42. NAME: _____
43. STREET ADDRESS: _____
44. CITY, ST, ZIP: _____

51. TITLE: _____ Change Addition
52. NAME: _____
53. STREET ADDRESS: _____
54. CITY, ST, ZIP: _____

61. TITLE: _____ Change Addition
62. NAME: _____
63. STREET ADDRESS: _____
64. CITY, ST, ZIP: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of filing fees under Florida Statutes. I further certify that the information above is from the annual report or supplemental annual report of the corporation and that the information is true and correct to the best of my knowledge and belief. If I am an officer or director of the corporation, I hereby authorize the use of the information provided by me in this report for the purposes stated above and that my name appears on the filing of this report or on an official board with an address.

SIGNATURE: *Jeffrey J. Solomon* Jeffrey J. Solomon 2/13/95 (305) 749-3602