

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042854 (7)

1. Corporation Name
N.E.T.C.I.S. INTERNATIONAL CORP.



Principal Place of Business Mailing Address
**8358 W. OAKLAND PARK BLVD., #100
SUNRISE FL 33351** **8358 W. OAKLAND PARK BLVD., #100
SUNRISE FL 33351**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 02/17/1995
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.			4. FEI Number 65-0501880	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOLOMON, JEFFREY J 8358 W. OAKLAND PARK BLVD., #100 SUNRISE FL 33351				81. Name	TURBIDE, PATRICK G.		
				82. Street Address (P.O. Box Number is Not Acceptable)	8358 W. OAKLAND PARK BLVD #100		
				83. City	SUNRISE		
				84. State	FL	85. Zip Code	33351

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]* DATE: **7/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11. TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURBIDE, PATRICK G	12. NAME	TURBIDE, PATRICK G
STREET ADDRESS	2101 S. SURF ROAD, #104	13. STREET ADDRESS	3494 PALADIAN CIRCLE DEERCREEK
CITY-ST-ZIP	HOLLYWOOD FL 33019	14. CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	VST <input checked="" type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JEFFREY J	22. NAME	
STREET ADDRESS	11850 N.W. 39TH PLACE	23. STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	300001898893 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	-07/19/96--01007--024
STREET ADDRESS		53. STREET ADDRESS	***225.00
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	<i>[Signature]</i>
STREET ADDRESS		63. STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP		64. 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(3)(k), Florida Statutes. I further certify that the information and data 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/18/96 (954) 749 3602**

CR2E034 (3/96)