

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000066615 (3)**

1. Corporation Name

CERTIFIED NETWORK SPECIALISTS, INC.



Principal Place of Business

**14336 SW 159TH STREET
MIAMI FL 33177**

Mailing Address

**14336 SW 159TH STREET
MIAMI FL 33177**

2. Principal Place of Business

21 Street Address

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Street Address

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PARADELA, ALEXIS
14336 SW 159TH STREET
MIAMI FL 33177**

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
03/15/1995

4. FEI Number
65-0519531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

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 607.07(1)(2) and 607.07(1)(3) of the 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 the only who and accept the obligations of Sections 607.07(1)(2) and 607.07(1)(3) of the Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE
**PSTD
PARADELA, ALEXIS
14336 SW 159TH STREET
MIAMI FL 33177**

12.2 NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

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13.30 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in 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 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. I am an officer or director of the corporation, or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an official with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

305 334 5559

CP2E034 (12/95)