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



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

1996	ì
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Mailing Address Principal Place of Business 6734 NW 166 TERRACE 6734 NW 166 TERRACE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0560421 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199 032 Country Country Zφ Zip Yes X No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLORES, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 82 **6735 NW 166 TERRACE** MIAMI LAKES FL 33014 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed tierror of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TIFLE TITLE PCD CR2E034 FLORES, MIKE A 1.2 NAME NAME 2908 NW 24 WAY 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE FLORES, CARLOS A 2.2 NAME NAME 6734 NW 166 TERR 2 3 STHEET ADDRESS STREET ADDRESS MIAMI LAKES FL 2 4 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETÉ 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THEF TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 1 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 durch in office opposition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Black 12 or filod 13) changled, or of an attachment with an address

6 4 CITY - ST- ZIP

SIGNATURE:

CITY - ST - ZIP

8/2/96 609-489-0044