SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Sep 09 1997 8:00am Secretary of State

		1997	5 514/3/014-01-00		.	
DOCUMENT # F9500001770 (5) 1. Corporation Name NETWORK TECHNOLOGIES INVESTMENTS, CORP.					1 1841/4 18/1/4 1	
50.	inginal Place	of Queinage	Mailing Address	{	dia bahin bahar atam apah yabah bahir kabi	
6734 NW 166 TERRACE 6734 NW 166 TERRACE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014						
(IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
-	Principal Pla	ace of Business	2a. Mailing Address		04/12/1995 4. FEI Number	08/14/1996 Applied For
21	- пистрал ги	IOS OF DOSHIOSS	26		65-0560421	Not Applicable
	Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27		B. Certificate of Status Desired	Fee Hequired
	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23			28	Country	Trust Fund Contribution	Added to Fees
	Zip	Country	Zip 3	Country	This corporation owes or has pa Personal Property Tax due June	
24		25 Name and Address of Current		100	10. Name and Address of New Re	
_	FIO	RES, CARLOS A		B1 Name	LORES, CARLOS	A
ļ		5 NW 186 TERRACE			trace (P.O. Box Number is Not Acceptab	nle)
		MI LAKES FL 33014		6	134 NW 166 T	ERRACE
				83	e · · ·	
1				84 City	/ 24-5	85 Zip Code
Mile					IAMI LAKES	FL 33019
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.						
SI	GNATURE 3	Signature, typed or printed name of registered ager	nt and tine if applicable. (NOTE	Registered Agent signature requ		DATE
12		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
ŢIJ	LE	PCD	☐ DELETE	1.1 TITLE		Change Addition
NA	ME }	FLORES, MIKE A		1.2 NAME		}
STO	REET ADDRESS	2908 NW 24 WAY		1.3 STREET ADDRESS		·
	Y-ST-ZIP	BOCA RATON FL VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TIT NA	1	FLORES, CARLOS A	C. veteri	2.2 NAME		
Į i	REET ADDRESS	6734 NW 166 TERR		2.3 STREET ADDRESS		į
)	Y-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TIT			DELETE	3.1 TITLE		☐ Change ☐ Addition
NA	ME			3,2 NAME		
ST	REET ADDRESS			3.3 STREET ADDRESS		
CI	Y-ST-ZIP			3.4. CITY-ST-ZIP		
m	LE		☐ DELETE	4.1 TITLE		Change Addition
NA	1			4. 2 NAME		
	REET ADDRESS			4 3 STREET ADDRESS		
	Y-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TIT	WE		C 10000	52 NAME		<u> </u>
	REET ADDRESS			5.3 STREET ADDRESS		•
	TY-ST-ZIP			5.4 CITY-ST-ZIP		
711		,	☐ DELET(61 TITLE		Change Addition
	ME			6.2 NAME		
sī	REET ADDRESS			6.3 STREET ADDRESS		

64 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 pocitive or provides empowered in execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or m in attact your with an address.

SIGNATURE:

SIGNATURE SECURET

9/2/97 305-824-2173