

FILED
Sep 09 1997 8:00am
Secretary of State

DOCUMENT # F95000001770 (5)
1. Corporation Name
NETWORK TECHNOLOGIES INVESTMENTS, CORP.

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent													
FLORES, CARLOS A 6735 NW 188 TERRACE MIAMI LAKES FL 33014	<table border="1"> <tr> <td>81</td> <td>Name</td> <td>FL</td> </tr> <tr> <td>82</td> <td>Street Address</td> <td>67</td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>MI</td> </tr> </table>	81	Name	FL	82	Street Address	67	83			84	City	MI
81	Name	FL											
82	Street Address	67											
83													
84	City	MI											

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

12.			OFFICERS AND DIRECTORS			13.		
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE					
NAME	FLORES, MIKE A		1.2 NAME					
STREET ADDRESS	2908 NW 24 WAY		1.3 STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP					
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE					
NAME	FLORES, CARLOS A		2.2 NAME					
STREET ADDRESS	6734 NW 166 TERR		2.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI LAKES FL		2.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE					
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY - ST - ZIP			3.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE					
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE					
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP			5.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE					
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY - ST - ZIP			6.4 CITY - ST - ZIP					

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Report 08/14/1996
4. FEI Number 65-0560421	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	
ORES, CARLOS A Box (P.O. Box Number is Not Acceptable) 34 NW 166 TERRACE AMI LAKES FL 33014	

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SIGNATURE REQUIRED 9/2/97 305-824-2173