

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # G75211 (4)**

1. Corporation Name  
**P.C. NETWORKS, INC.**

Principal Place of Business: **8725 N.W. 18TH TERRACE, SUITE 211 MIAMI FL 33172**

Mailing Address: **8725 N.W. 18TH TERRACE, SUITE 211 MIAMI FL 33172-2622**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1983</b>	3a. Date of Last Report <b>03/04/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2364174</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>OPOLKA, KEVIN S., ESQ.</b> <b>1401 N.W. 17TH AVENUE</b> <b>MIAMI FL</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, MAYER</b>	1.2 NAME	
STREET ADDRESS	<b>8725 NW 18 TERRACE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33172</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROLENY, VLADIMIR</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	2.3 STREET ADDRESS	<b>8725 N.W. 18 Terrace</b>
CITY-STATE-ZIP	<b>MIAMI FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, JACOB</b>	3.2 NAME	
STREET ADDRESS	<b>8725 NW 18 TERRACE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33172</b>	3.4 CITY-STATE-ZIP	
TITLE	<i>Director</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Vincent Contino</i>	4.2 NAME	
STREET ADDRESS	<i>8725 N.W. 18 Terrace</i>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<i>Miami FL 33172</i>	4.4 CITY-STATE-ZIP	
TITLE	<i>Director, Secretary &amp; Treasurer</i>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Harold Simon</i>	5.2 NAME	
STREET ADDRESS	<i>2725 N.W. 18 Terrace</i>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<i>Miami FL 33172</i>	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(f), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Harold Simon* **1-6-97** **305-591-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CR2E034 (9/96)