**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**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K111.
Corporation Name
COMMERCIAL NETWORK, INC. K11123

(2)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AM 9: 14



Principal Place of Business Mailing Address							T TO BETERN DAY THOU THE TO THE WAY OF THE TOTAL BETTER BETTER THE TOTAL BETTER				
% ORLANDO ACEVEDO 3250 NW 60TH ST.				% ORLANDO ACEVEDO 3250 NW 60TH ST.							
MIAMI FL 3314	12		M	MIAMI FL 33142				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 01/07/1988	3a. Date of Last Report 04/29/1996		
2. Principal Place of Business				Mailing Address				4. FEI Number		Ar	oplied For
21											ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\square	\$8.75 / Fee Re	Additional equired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country				Zip Country			,	7,000			
24	25			30			•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
27	9. Name and Address of Current Re							10. Name and Address of New Registered Agent			
ACE	VEDO, OF			· · · · · · · · · · · · · · · · · · ·	1	B1	Name		•		
	O NW 60TI						ļ				
MIAMI FL 33142								Address (P.O. Box Number is Not Acceptable)			
						B3					
							City	FL 85 Zip Code			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 register 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.											ts registered registered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE R						Age	ent signature requir	ed when reinstating)	DATE	- DIDEOTOS	
12.	DP	OFFICERS A	ND DIREC	DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC	JERS AND		 (
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CITY-ST-ZIP					6.4 CIT	Y-5	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 receiver or trusted employered 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 or on a state of the corporation of the corporation of the corporation or the receiver of trusted employered 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 or on a state of the corporation of the corpora