


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

APPROVED  
AND  
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1997 SEP 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K41674 (8) 1. Corporation Name NETWORK REALTY, INC.		

Principal Place of Business 7355 NW 41ST 7355 NW 41ST ST. MIAMI FL 33166 US	Mailing Address 7355 NW 41ST MIAMI FL 33166-6713 US
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2. Principal Place of Business 21 2525 SW 3rd Ave. Suite, Apt. #, etc. 22 304 City & State 23 Miami, Florida Zip 24 33129	2a. Mailing Address 26 2525 SW 3rd Ave. Suite, Apt. #, etc. 27 304 City & State 28 Miami, Florida Zip 29 33129	Country 25 U.S.A. 30 USA
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3. Date Incorporated or Qualified 10/27/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0084546	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MELIE VIERA 7355 NW 41ST ST → address change MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name Melie Viera 82 Street Address (P.O. Box Number is Not Acceptable) 2525 SW 3rd Ave. 83 Suite 304 84 City Miami FL 85 Zip Code 33129	
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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 X  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VIERA, MELIE 7355 NW 41ST ST. address change → MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLIN, HARVEY S 7355 NW 47ST ST. MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PS Melie Viera 2525 SW 3rd Ave. Suite 304 MIAMI FL 33129
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002310515---3
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	-10/02/97---00108---008 addition ****550.00 ****550.00
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9/2/97

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  
9/2/97

CR2E034 (9/96)