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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003676

1. Corporation Name
BROWARD NETWORKING ALLIANCE, INC.

Principal Place of Business	Mailing Address
2 SO. BISCAYNE BLVD. ONE BISCAYNE TOWER. STE. 3100 MIAMI FL 33131	2 SO. BISCAYNE BLVD. ONE BISCAYNE TOWER. STE. 3100 MIAMI FL 33131

2. Principal Place of Business 21 777 BRICKELL AVE Suite, Apt. #, etc. 22 #1200 City & State 23 MIAMI FL Zip 24 33131 Country 25 ~~33131~~	2a. Mailing Address 26 777 BRICKELL AVE Suite, Apt. #, etc. 27 #1200 City & State 28 MIAMI FL Zip 29 33131 Country 30 ~~33131~~	3. Date Incorporated or Qualified 06/22/1998 4. FEI Number ☐ Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WEINSTEIN, RICHARD S
2 SO. BISCAYNE BLVD.
ONE BISCAYNE TOWER, STE. 3100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name RICHARD S. WEINSTEIN
82 Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE
83 SUITE 1200
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] RICHARD S WEINSTEIN 3/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☑ DELETE ~~[illegible]~~ Richard Weinstein 2 SO Biscayne Blvd., Ste 3100 MIAMI, FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT, DIRECTOR ☐ Change ☑ Addition DVORA WEINREB 9900 Stirling Rd Ste 230 Cooper City, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE ROTH ☑ DELETE VICE PRESIDENT 8057 W. Oakland Pk Blvd Sunrise, FL 33351	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR ☐ Change ☑ Addition TOM CAMERON 2101 W. Commercial Blvd. Ste 5100 Ft Laud, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☑ DELETE Sandy Hunt 8269 W. Broward Blvd Plantation, FL 33324	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer, DIRECTOR ☐ Change ☑ Addition Mike Sands 3127 N. University Dr Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/9/99 (954) 433-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DVORA WEINREB