


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000005998 1. Corporation Name CONCORD NETWORK INTERNATIONAL, INC.			
Principal Place of Business		Mailing Address	

FILED
1999 NOV -4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 915 N.W. First Avenue Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		June 4, 1998	
22 H2905 City & State		27 City & State		4. FEI Number 65-0951779	
23 Miami, Florida		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33136		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Licia D. Scott			
				82 Street Address (P.O. Box Number is Not Acceptable) 1126 N.W. 51st Terrace			
				83			
				84 City Miami			
				85 Zip Code FL 33127			

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 *Licia D. Scott* Licia D. Scott, Secretary October 28, 1999
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	President/Director CEO <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer/Director (T/D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Darryl	1.2 NAME	Thompson, Angela T.
STREET ADDRESS	915 N.W. First Ave., H2905	1.3 STREET ADDRESS	915 N.W. First Ave., H2905
CITY-ST-ZIP	Miami, Florida 33136	1.4 CITY-ST-ZIP	Miami, Florida
TITLE	V.President/Director COO <input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Director (S/D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Willie III	2.2 NAME	Scott, Licia
STREET ADDRESS	1465 N.W. 19th Terrace, #209	2.3 STREET ADDRESS	1126 N.W. 51st Terrace
CITY-ST-ZIP	Miami, Florida 33125	2.4 CITY-ST-ZIP	Miami, Florida 33127
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Johnson, Darryl L
STREET ADDRESS		3.3 STREET ADDRESS	915 N.W. First Ave., H2905
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33136
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Davis, Willie III
STREET ADDRESS		4.3 STREET ADDRESS	1465 N.W. 19th Terrace, Apt. #209
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33125
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	100003044871-5 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-11/16/99--01012--001
STREET ADDRESS		5.3 STREET ADDRESS	*****\$1.25 *****\$1.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Licia D. Scott* Licia D. Scott, Secretary 305-652-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

AD