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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 26 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050325 (8)

**NETWORK DECISIONS INC.** 

Principal Place of Business Mailing Address 8005 SOUTHWEST 107TH AVENUE 8005 SOUTHWEST 107TH AVENUE BLDG. 6. STE. 122 BLDG. 6. STE. 122 DO NOT WRITE IN THIS SPACE MIAMI FL 33173 MIAMI FL 33173 3. Date incorporated or Qualified 07/13/1993 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 21 65-0440329 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 6. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. XYes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name natalio. Emer b 8005 S.W. 107TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) BLDG. 6, #122 83 **MIAMI FL 33173** 84 City 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 glue florida. Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition TITLE 1.1 TiTLE NATALIO, EMER 1.2 NAME STREET ADDRESS 8005 SOUTHWEST 107TH AVENUE BLDG. 6-122 1.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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