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

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059110 (4)

1. Corporation Name
NETWORK INFORMATION SOLUTIONS, INC

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 1000 W. McNAB RD	26 1000 W. McNAB Rd
22 Suite, Apt. #, etc. 315	27 Suite, Apt. #, etc. 315
23 City & State POMPANO BEACH, FL	28 City & State POMPANO BEACH FL.
24 Zip 33069 25 Country USA	29 Zip 33069 30 Country USA

3. Date Incorporated or Qualified: 8-8-94
3a. Date of Last Report: 9-17-97
4. FEI Number: 65-054 1898 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSE CID
1000 WEST. McNAB Rd. SUITE 315
POMPANO BEACH, FL. 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title, if applicable — Registered Agent's signature required when mailed orig.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY ☐ DELETE	1.1 TITLE	CORPORATE COUNSEL ☐ Change ☒ Addition
NAME	JOSE CID	1.2 NAME	SCHOENFELD, LAWRENCE
STREET ADDRESS	4861 N.W. 55TH DR	1.3 STREET ADDRESS	305 BROADWAY # 601
CITY-ST-ZIP	COCONUT CREEK, FL. 33065	1.4 CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	PRESIDENT & CEO ☐ DELETE	2.1 TITLE	TREASURER, ASSIT. SECRETARY ☐ Change ☒ Addition
NAME	STAN BADOWSKI	2.2 NAME	GEORGE CARAS
STREET ADDRESS	209 N. ATLANTIC BLVD #11B	2.3 STREET ADDRESS	620 EXETER LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	2.4 CITY-ST-ZIP	CAMBRIA, CA 93428
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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12-24-97

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.

(954)

SIGNATURE: X José Cid — JOSE CID, SECRETARY / 11-10-97 570-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)