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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064897 (9)

DYNASTY NETWORK ASSOCIATES, INC.

Principal Place of Business

13740 8W 73 COURT

Mailing Address

13740 SW 73 COURT

FILED Jun 19 1997 8:00am Secretary of State



Miami Fl 3315 Uŝ	8	MIAMI FL 33158-1212 US			·			
00					3. Date Incorporated or Qualified 09/02/1994	3a, Date of 04/03/1		port
	lace of Business	2a. Mailing Address		1 0	4. FEI Number		Ар	plied For
21 25 14	Hollywood Blvd.	26 2514 Holly	VWOC	\mathbf{z}	65-0534023		No	t Applicable
Suite, Apt.	Suite, Apt. #, etc.	o, Api. #, etc. jte. # 303		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State City & State 23 Hollywood, Florida 28 Hollyw			ood		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
2030	20 25 US	Zp	Country 30		This corporation has liability for in Florida Statutes	jtangible tax u Yes ☐ No		199.032,
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Rec	Istered Ager	ıt	
PUJOLS, JOSE R				81 Name				
	I SW LEJEUNE RD.		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
SUN	TE 410		83		and the population is not recognition			
COF	VAL GABLES FL 33134						т	
			84	City		FL 85	Zip (20de
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au ons of, Section 607.0505, Flor	uthorized b rida Statute	y the corporati s.	on's board of directors. I hereby accep	t the appointn	nging its	registered registered
	Signature, typed or printed name of registered agent a	, 		ent signature require		DATE	FOTOD	0 151 40
12. TITLE	OFFICERS AND D	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		ECTOR Change	S IN 12 Addition
NAME .	HERTZ, GARY D.		1.1 THILE			U.	мийс	Nation
	13740 SW 73RD COURT		1.2 NAME					
STREET ADDRESS	MIAMI FL			1 ADDRESS				
CITY-ST-ZIP TITLE	MICHAEL I C	DELETE	1.4 C(TY - ST - Z(P) 2.1 T(TLE				Change	Addition
NAME			2.2 NAME	Í		٠ لــــا	, ingo	L
STREET ADDRESS				T ADURESS	· ·			j
CHY-ST-ZIP			2 4 CITY-					
TITLE			3 1 1 ITLE	<u> </u>			Change	Addition
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TITLE		☐ DELFTE	4.1 T(TLE				Change	☐ Addition
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NAME			5.2 NAME					
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TITLE	-	DELETE	6.1 1 TLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY - 5	ST - ZIP				
44 1 1 1	and the second s							

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 offect as if made under oath; that I am an officer or director of the corporation or thorsectiver 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 the address.