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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000080243 (6)**

1. Corporation Name

GENERAL NETWORKS DYNAMICS, INC.



Principal Place of Business

**7323 SW 82 STREET
APT 5
MIAMI FL 33143
US**

Mailing Address

**7323 SW 82 STREET
APT 5
MIAMI FL 33143
US**

2. Principal Place of Business

2a. Mailing Address

21 **200 GALEN DRIVE**

26 **200 GALEN DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt. # 109**

27 **Apt. # 109**

City & State

City & State

23 **KEY BISCAYNE, FL**

28 **KEY BISCAYNE, FL**

Zip

Country

Zip

Country

24 **33149**

25 **USA**

29 **33149**

30 **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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. Thereby 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, or both, if applicable)

(NOTE: Registered Agent signature must be in ink)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KARWASIECKI, PRZEMYSŁAW**
STREET ADDRESS **798 CRANDON BLVD., #27**
CITY-STATE-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **P, D** ☒ Change ☐ Addition
2. NAME **KARWASIECKI, PRZEMYSŁAW**
3. STREET ADDRESS **200 GALEN DRIVE #109**
4. CITY-STATE-ZIP **KEY BISCAYNE, FL 33149**

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

P. Karwasiecki

PRZEMYSŁAW KARWASIECKI

04-02-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)