FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

	AL REPORT 996	Secretary of DIVISION OF COI			
DOCUM 1. Corporation N	IENT # P950 0	00046018 (4)			
NETSID	E CORPORATION				
Principal Place o	of Business	Mailing Address		F 1031/1001 HIS JOINT DUINT DUIN	il nifin delle dajat tibat taet taat
4351_POST A		4351-POST AVE			
MIAMI FL 331		MIAMTYFL 33140			David David
\bigcirc				3. Date Incorporated or Qualified 3a. 07/03/1995	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4.65-058916	Applied For Not Applicable
Suite, Apt #, etc.		26 Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	11 BEACH	City & State 28 MAMI BE	ACH	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7/p	Country	8. This corporation has liability for intangit	
24	25	1201	30	Florida Statutes Yes N 10. Name and Address of New Registe	
	9. Name and Address of Curr	rent Registered Agent	81 Name 1	MPCEN 1 HA	LMU
THE LAW	N CIDM OF LAWDENCE 1 SP	JEGEL CHRTD	82 Street Add	Page (P.C) Box Number is Not Acceptable	-, -
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE				3517051 AVE	
	GABLES FL 33134		83		
			84 City	IAMI BEXON	FL 85 33140
	60 007.6	100 1007 1509 Florido Statutos	the above paried com	W . V	f abagging its registered office
 11. Pursuant to or registere 	o the provisions of Sections 607.0 ad agent, or both, in the State of E	Jorida Such change was authorized	by the corporation's bo	oration submits this statement for the purpose of lard of directors. I hereby accept the appointme	nt as registered agent. I am
	h, and accept the obligations of, S	ection 607.0505, Florida Statutes.	.HALMI	J. PRESIDENT	3/4/96
SIGNATURE _	Signature speed or printed name of registerial a		Ragistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE AS	Change Addition
TITLE	PSTD		1.2 NAME		
NAME OZOSSZ ADDOSSO	HALMU, MIRCEA L 4351_POST AVE		12 070001 A000200		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33140		14 CITY - ST - ZIP	MIAMI BEACH	
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY-ST-ZIP		FTI DELETE	2.4 CITY - ST - 7IP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			34 CITY S!-7:P		Change Addition
TITLE		☐ DELET€	4 1 TITLE		C change C Addit off
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		ED boots	5 4 CHY-ST-7.P		Change Addition
TITLE		C) DELETE	6 1 THLE		
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREE! ADDRESS			6.4 CiTV ST-7iP		
CITY-ST-ZIP	by certify that the information such	olied with this filing is voluntarily furnis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fy for the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further
certify the	at the information indicated on this them as officer or director of the (sannual report or supplemental annu corporation or the receiver or trustee I or on an attachment with an addre	empowered to execute	this report as required by Chapter 607, Florida	Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L. HALLY 3/14/96 305-5