4-23-97 B-5271 C 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 # P95000086041 (7)

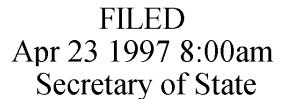
NETSENSE, INC.

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The state of the s

Principal Place of Business

Mailing Address





833 ARTHUR G BUITE 710 MIAMI BEACH	FL 33140	333 ARTHUR GODFREY R Suite 710 Miami Beach Fl 33140-3			3. Date incorporated or Qualified	3a. Date of Last F	Report	
	·				11/08/1995	05/22/1996		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26			65-0635066	N	ot Applicable	
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	Θ -	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun	try	8. This corporation has liability for in	ntangible tay/under s	199.032,	
24	25 29 30		30	Florida Statutes 🔲 Yes 🗹 No				
	g, Name and Address of C	urrent Registered Agent			10, Name and Address of New Reg	sistered Agent		
	EZ, IRENE C			Name				
500	5 COLLINS AVE.		82 Street Addi		ddress (P.O. Box Number is Not Acceptable)			
#15	03			Siredi Ade	areas (r. i.e. box rightness is not reseptue	,	•	
MIA	MI BEACH FL 33140		Ī	33				
			-			TT		
			'	City		FL 85 Zip	Code	
Office or a	registered agent, or both, in the im familiar with, and accept the	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized lorida Statu	by the corpora tes.	poration submits this statement for the pration's board of directors. I hereby accep	t the appointment as	ts registered registered	
	Signature, typed or printed name of register			Agent signature requ	uired when reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	LODEZ IDENE O		1.1 1111.			L_) Change	☐ Addition	
NAME		10	1.2 NAM	1E			1	
STREET ADDRESS	5005 COLLINS AVE. #150	<i>1</i> 3	1.3 STR	EET ADDRESS] [
CITY-\$T-ZIP	MIAMI BEACH FL 33140			- ST-ZIP				
TITLE	☐ DELETE		2.1 TITE	F		Change	Addition C	
NAME	1		2.2 NAME				-	
STREET ADDRESS	\$ 		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CIT	2. 4 CITY-ST-ZIP				
TITLE 1.,-	☐ DELETE		31 TITE	E		☐ Change	☐ Addition	
NAME			3.2 NAM	NE .			ĺ	
STREET ADDRESS			3.3 STR	ELY ADDRESS			1	
CITY-ST-ZIP				7-S1-ZIP				
TITLE	☐ DELETE 4.1		4.1 TITL	F		☐ Change	Addition	
NAME			4. 2 NAM	AE .				
STREET ADDRESS			4.3 STRI	EET ADDRESS			:	
CITY-ST-ZIP			4.4 City	- S1 - ZIP				
TITLE		☐ DELETË 51		ŧ j		Change	Addition	
NAME	•		5.2 NAM	IE .				
STREET ADDRESS			5.3 S1RI	ET AODRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE			6.1 TiTL	I T		Change	Addition	
NAME			6.2 NAM	NE.				
STREET ADDRESS			6.3 STR	E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			. I	
	by certify that the information su	onlied with this filing does not qual			d in Section 119 07(3)(i). Florida Statutes	Liurther certify that	the	

reconstruction indicated on this annual report or 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 Block 12 or Block 13 if changed, or on an attachment with an address.