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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

| DOCUMENT # 1. Corporation Name | P95000087075 | (4) |
|---------------------------------|--------------|-----|
| INFOTEK NETWORKS, INC. | | |

Mailing Address Principal Place of Business 4691 NORTH UNIVERSITY DRIVE 4691 NORTH UNIVERSITY DRIVE SUITE 377 SUITE 377 **CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/13/1995 Applied For FEI Number 65-9623462 0623390 2. Principal Place of Business 21. 4691 N. University Drive Mailing Address University Drive Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite 377 Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Suite 377 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Coral Springs, FL Trust Fund Contribution Coral Springs, FL 23 8. This corporation has liability for intangible tax under s 199.032, Country 33067 Country Yes 🛄 No USA Florida Statutes USA 33067 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent IVAN R. ORTIZ, President R1 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable)
4691 North University Drive, Suite 377 **B2** 1201 HAYS STREET 83 TALLAHASSEE FL 32301-2525 85 Zip Code 7 84 City Coral Springs 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 Aprida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, anot coept the obligations of Section 807.0505, Florida Statutes. IVAN R. ORTIZ, PRESIDENT (NOTE: Registered Agent signature required when reinstating) Feb. 9, 1996 SIGNATURE Signature, typed or printed name of registered agent and little in ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change Secretary Vice-President DELETE 1. 1 TITLE THILE M. IVETTE ORTIZ JAMES JONES 1.2 NAME NAME 4691 N. University Dr., Ste. 377 4691 N. University Dr., Ste. 377 1.3 STREET ADDRESS STREET ADDRESS Coral Springs, FL 33067 Coral Springs, FL 33067 1.4 CITY - ST - ZIP CITY - ST - ZIP President/ Director ☐ Change ★ Addition DELETE 2.17(1) Secretary TITLE IVAN R. ORTIZ JAMES JONES 22 NAME NAME 4691 N. University Dr., Coral Springs, FL 33067 Ste. 377 Ste. 377 4691 N. University Dr., 2.3 STREET ADDRESS STREET ADDRESS Coral Springs, FL 33067 24 CITY-ST-ZIP Cily-ST-ZIP Add tion ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP City-St-ZiP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6. 1 TITLE 11116 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 call; 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 attach mercurial and address. (305) 753-1086

6.4 CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR February 9, 1996 Date

Daytime Phone It

(12/95)CR2E034