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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000015987 (6)
 1. Corporation Name
QCSINET, INC.

Check # _____



Principal Place of Business
7045 N.W. 41ST STREET MIAMI FL 33166-6816

Mailing Address
7045 N.W. 41ST STREET MIAMI FL 33166-6816

3. Date Incorporated or Qualified **02/19/1996** 3a. Date of Last Report
 4. FE Number **65-0655624** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip Country 29. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
LEAL, FERNANDO
7045 N.W. 41ST STREET
MIAMI FL 33166-6816

10. Name and Address of New Registered Agent
 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	LEAL, FERNANDO		
STREET ADDRESS	18851 S.W. 147TH COURT		
CITY-ST-ZIP	MIAMI FL 33187		
TITLE	D		
NAME	LEAL, EDUARDO A		
STREET ADDRESS	9601 SW 79TH AVE.		
CITY-ST-ZIP	MIAMI FL 33143		
TITLE	D		
NAME	LEAL, MYRNA T		
STREET ADDRESS	9601 SW 79TH AVE.		
CITY-ST-ZIP	MIAMI FL 33143		
TITLE	D		
NAME	CARVAJAL, FERNANDO		
STREET ADDRESS	1971 NW 184TH TERR		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		
TITLE	D	<input checked="" type="checkbox"/>	DELETE
NAME	VISSER, PAUL		
STREET ADDRESS	421 MAYA AVE.		
CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE	D	<input checked="" type="checkbox"/>	DELETE
NAME	FRANCO, ALBERTO		
STREET ADDRESS	600 EUCLID AVE., APT. #4		
CITY-ST-ZIP	MIAMI BEACH FL 33139		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 effect as if made under oath; that I am an officer or director of the corporation or the receiver or the person 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: _____ **REQUIRE** FEB 11/97 305-591-4119

CR2E034 (9/96)