FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-SI-78



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025585 (6)

BRESLIN NETWORK CONSULTING, INC.

Principal Place of Business 9339 S.W. 144 PLACE MIAMI FL 33186							Mailing Address 9338 S.W. 144 PLACE MIAMI FL 33186-1086					-					
													3. Date Incorporated or Qualified 3a. 03/18/1996	Date of	Last Re	eport	
2. Principal Place of Business							2a. Mailing Address						4. FEI Number			plied For	
						Suite, Apt. #, etc.							65-0654243	, j		t Applicable diditional	
Suite, Apt. #, etc.						├ ─┐	27						5. Certificate of Status Desired	•	ee Re		
City & State							City & State						6. Election Campaign Financing	\$	5.00	May Be	
<u>├</u> ┐ '						28	28						Trust Fund Contribution			o Fees	
	Zip	Country			┝─┐				Country			8. This corporation has liability for intang			199.032,		
24		O Nome	25	ddroen	(Current F	29	ered Agent	30	<u> </u>				Florida Statutes Yes 10. Name and Address of New Registe	red Agen			
	DDC	SUN, AND		AGUITESS U	Curient	16A1911	nea Agent		81	1	Name		10. Halile and Abdition of their ringinio	.oo Agon			
		3011, 7111 8 S.W. 14		CF					82	-	Ctroot	Addes	ss (P.O. Box Number is Not Acceptable)	····			
		MI FL 331							64	•	Street	Addre	ss (F.O. Box Number is Not Acceptable)				
									83	3							
									84	4	City			85	Zip (Code	
					200 0500	1.00	FAO EL		4	1.				FL		n reministrated	
11.	Pursuant to	to the provis egistered a	sions o gent, o	r Sections r both, in t	607.0502 a he State of	and 60 Elorida	7.1508, Florida S a. Such change v	statutes, was auti	tne abov norized t	ve-i oy t	named the corr	corpo poratio	oration submits this statement for the purpo- on's board of directors. I hereby accept the	appointm	ent as	registered	
		m familiar w ∠3. •e	zith, an	d accept t	he obligatio	ons of,	Section 607.050	5, Fioria	ia Statute	8 \$.							
SIG	inature .	Signature Type	d or print	od nance of rec	jestered agent a	rid title if	applicable.	(NOTE: R	egistered A	gent	t signature	required	d when reinstating) DA	TE			
12.				OFFIC	ERS AND I	DIREC			13.				ADDITIONS/CHANGES TO OFFICERS				
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NAN	i								6.2 NAM								
1	EET ADDRESS										ADDRESS						

64 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 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.

ANDREW BRESLIN