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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028733 (8)

FILED Jan 26 1998 8:00am Secretary of State

NETWORK ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address 420 S DIXIE HWY, SUITE 4F 420 S DIXIE HWY, SUITE 4F CORAL GABLES FL 33146 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 2-0789352 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 JARP, GEORGE 420 S DIXIE HWY, SUITE 4F Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required OFFICERS AND DIRECTORS TANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition NAME JARP, GEORGE 1.2 NAME 420 S DIXIE HWY, SUITE 4F STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE TITLE JARP, MARILU 2.2 NAME NAME 420 S DIXIE HWY, SUITE 4F 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CiTY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed, grantal with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informational animal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

88