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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037539

1. Corporation Name

INTEGRATED NETWORK SOLUTIONS, CORP.

Princ	ipal	Place	of	Busi	iness	
			-		^==	

Mailing Address

8600 NW 53RD TERR., STE. 111



8600 NW 53RD TERR., STE. 111 MIAMI FL 33168 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/28/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0752652 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MORALES, ALEXANDER 82 Street Address (P.O. Box Number is Not Acceptable) 8600 NW 53RD TERR., STE, 111 **MIAMI FL 33166** 83 84 85 Zip Code City 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 when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE MORALES, ALEXANDER 1.2 NAME NAME 8600 NW 53RD TERR., STE. 111 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL:33166 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE PENA, LUIS R 22 NAME NAME 8600 NW 53RD TERR., STE. 111 - - -2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 2. 4 CITY+ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE MORALES, WALDO L 3.2 NAME NAME 8600 NW 53RD TERR., STE. 111 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 -CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 or an attachment with an arress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CR2E034./11/98