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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Kathenne Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000092053

1. Corporation Name
TORTUGA COMPUTER NETWORKING SOLUTIONS, INC.



Principal Place of Business 8540 S.W. 35TH TERR. MIAMI FL 3243	Mailing Address 8540 S.W. 35TH TERR. MIAMI FL 3243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8540 SW 35 Terrace		2a. Mailing Address 26 8540 SW 35 Terrace		3. Date Incorporated or Qualified 10/29/1998
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0871467
City & State 23 Miami, FL		City & State 28 Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33155		Zip 29 33155		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country		Country		8. This corporation owes the current year tangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANTZ, CONSTANTINE P
6841 SUNSET DR.
SOUTH MIAMI FL 33143

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/P
NAME	RUIZ-ALANIZ, F.G.J.	1.2 NAME	Ruiz-Alaniz, F.G.J.
STREET ADDRESS	8540 S.W. 35TH TERR.	1.3 STREET ADDRESS	8540 SW 35 Terrace
CITY-ST-ZIP	MIAMI FL 3243	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	DVP	2.1 TITLE	D/VP
NAME	ROCHAIX, FERNANDO	2.2 NAME	Rementeria, Reinaldo
STREET ADDRESS	8540 S.W. 35TH TERR.	2.3 STREET ADDRESS	15042 SW Killian Drive
CITY-ST-ZIP	MIAMI FL 3243	2.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	DT	3.1 TITLE	D/T
NAME	REMENTERIA, REYNALDO	3.2 NAME	Rochaix, Fernando
STREET ADDRESS	8540 S.W. 35TH TERR.	3.3 STREET ADDRESS	8540 SW 35 Terrace
CITY-ST-ZIP	MIAMI FL 3243	3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	DS	4.1 TITLE	D/S
NAME	LANTZ, PERRY C	4.2 NAME	Lantz, Perry C.
STREET ADDRESS	8540 S.W. 35TH TERR.	4.3 STREET ADDRESS	6880 Sunset Drive
CITY-ST-ZIP	MIAMI FL 3243	4.4 CITY-ST-ZIP	South Miami, FL 33143
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Hadley, Dexter
STREET ADDRESS		5.3 STREET ADDRESS	8540 SW 35 Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Sanchez, Carlos
STREET ADDRESS		6.3 STREET ADDRESS	1825 SW 85 Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33155

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 (305) 553-2555

Date

Daytime Phone #

CR2E034 (11/98)