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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100876

1. Corporation Name NETWORK COMPUTER CONSULTANTS, INC.							1 18811118	 		15 301 6.618 1 (1 8 19) (1 8 1	1(a a (i) 1 46 (
	,		_								
Principal Plac	e of Business	Maili	ng Address				{	I O 30102 10211 30 112 0.		#III	HO B!!! IDB#
841 SOUTHWEST 38TH STREET 8841 SOUTHWEST 38TH STREET											
MAMI FL 33165 MIAMI FL 33165											
									RITE IN THIS	S SPACE	
							3. Date incorpo		d		
							12/04/1990				
2. Principal P	Place of Business	2a. N	lailing Address				4. FEI Number		_	<u> </u>	lied For
21		26			_		65-08	80356	<u> </u>		Applicable
Suite, Apt.	— — — — — — — — — — — — — — — — — — —						5. Certifcate of	Status Desired	. 🗆 .	\$8.75 A	
22					_		1				·
City & Stat	<u> </u>						6. Election Can		⁹ 🗆	\$5.00 t Added to	
23	Country	28	in	Count	<u>'n</u> /		8. This corpora		.mont vons In		71 663
Zip	Country Zip Cou				.,		Personal Pro		inent year n		2ano
24	9. Name and Address of Current			<u> </u>			10. Name and		Registered		
	5. Hattle Blid Fladings 51 527 517			8	1 Name	2	1 0				
AMERILAWYER					(·	r ei	dro P	GONZG			
343 ALMERIA AVENUE						Addre:	ss (P.O. Box Num	Der is Not Acce	cable)		
CORAL GABLES FL 33134					13	ايسد	<u>v su</u>		_		
				<u> </u>							
			,	8	4 City	100	'		FI	85 Zip C	lode /
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							retion aubmite this	statement for th	a nurnoca c	f changing its i	registered
office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida.	Such change was aut	orized b	y the corp	oration	a's board of directo	rs. I hereby acc	ept the appo	ointment as reg	istered
agent. I a	im familiar with, and accept the obligat	10115 OI, S	ection 607-y505, Florid	a Siaiui	es.				4/2/	160	
SIGNATURE	Signature, typed of provide parties of repertured agen	t and little if at	Policetie. (NOTE: Ri	egistered A	gent signature i	required :	when reinstating)		DATE	/ 	
12.	OFFICERS AN			13.			ADDITIONS/0	HANGES TO C	FFICERS A	ND DIRECTO	R\$ IN 12
TITLE	PTD		☐ DELETE	1.1 TITL			<u> </u>			Change	☐ Addition
NAME	GONZALEZ, PEDRO P			1.2 NAM	E						[
STREET ADDRESS	8841 SOUTHWEST 38TH STREE	7.		1.3 STR	EET ADDRESS	}					ļ
CITY-ST-ZIP	MIAMI FL 33165			1.4 CITY	-ST-ZIP						
TITLE	SVD		☐ DELETE	2.1 TITL	E			-		☐ Change	☐ Addition
NAME	GONZALEZ, SHERRI A			2.2 NAM	E						
STREET ADDRESS	8841 SOUTHWEST 38TH STREE	T		2.3 STR	EET ADDRESS						ŀ
CITY-ST-ZIP	MIAMI FL 33165			2. 4 CIT	/-ST∙ZIP) ·					
TITLE			☐ DELETE	3.1 TITL	Ε			_		☐ Change	☐ Addition
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STREET ADDRESS				3.3 STR	ET ADDRESS						1
CITY-ST-ZIP				3.4. CITY	(-ST-ZIP						
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CITY-ST-ZIP					-ST-ZIP	ļ		_			
πιε			☐ DELETE	6.1 TITL	E]. ¨				Change	Addition
NAME	<u>}</u>			6.2 NAM	E	1					ŀ

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90195 003 ***150.00