

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S34800 (0)

1. Corporation Name  
TYCO-NET, INC.



Principal Place of Business

Mailing Address

19812 W DIXIE HWY  
NO MIAMI FL 33182  
US

P.O. BOX 601671  
NORTH MIAMI FL 33160  
US

3. Date Incorporated or Qualified 02/26/1991	3a. Date of Last Report 04/13/1995
4. FEI Number 65-0246096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIGA, FRANK  
308 S PARKWAY  
GOLDEN BEACH FL 33160

81 Name	Amado Garcia
82 Street Address (P.O. Box Number is Not Acceptable)	9500 S. Dadeland Blvd Ste 705
83	
84 City	Miami
85 Zip Code	FL 33156

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: 1/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	GRIGA, FRANK	1.2 NAME	GRIGA, ZSUZSANNA
STREET ADDRESS	308 S PARKWAY	1.3 STREET ADDRESS	1121 BUDAPEST RAEZ ALADAR U.S.
CITY - ST - ZIP	GOLDEN BEACH FL	1.4 CITY - ST - ZIP	HUNGARY
TITLE		2.1 TITLE	VP/D
NAME		2.2 NAME	AMADO GARCIA
STREET ADDRESS		2.3 STREET ADDRESS	9500 S. Dadeland Blvd Ste 705
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, FL 33156
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96 (305) 933 9924

Date Daytime Phone #

CR2E034 (12/95)