

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS |
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S45765 (2)

1. Corporation Name
NETWORK PROFESSIONALS, INC.

| | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 20533 BISCAYNE BLVD STE 4-362 N MIAMI BCH FL 33180 US | Mailing Address 20533 BISCAYNE BLVD STE 4-362 N MIAMI BCH FL 33180 US |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 9. Date Incorporated or Qualified 04/12/1991 | 3a. Date of Last Report 02/01/1994 |
| 4. FEI Number 65-0254993 | Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 11501 NW 2ND Ave Suite, Apt. #, etc. | 2a. Mailing Address 26 11501 NW 2ND Ave Suite, Apt. #, etc. |
| 22 City & State Miami, FL | 27 City & State Miami, FL |
| 23 Zip 33168 Country USA | 29 Zip 33168 Country USA |

9. Name and Address of Current Registered Agent

**MORROW, STEPHANIE G.
9519 N.E. 2ND AVE.
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|------------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 11501 NW 2ND Ave |
| 83 | |
| 84 City | Miami |
| 85 State | FL |
| 86 Zip Code | 33168 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 the corporation) _____ (Name of Registered Agent signature required when registering) _____ (Date)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|-----------------------------------------------------------------------------------------------|
| 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Maria Lopez |
| 1.3 STREET ADDRESS | 11501 NW 2ND Avenue |
| 1.4 CITY - ST - ZIP | Miami, FL 33168 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 13 if changed or on an attached sheet with an address.

SIGNATURE: Maria Lopez President 4/6/95 (305) 754-2438

(Signature typed or printed name of signing officer or director) (Date) (Telephone Number)