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Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S61925

1. Corporation Name
S.R. BANG, INCORPORATED

Principal Place of Business 12360 SW 132 CT SUITE 211-B MIAMI FL 33186 US	Mailing Address 12360 SW 132ND CT SUITE 211-B MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1991

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number
65-0269601

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BHAGWANDAT, RICHARD
19369 SW 118TH PLACE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BHAGWANDAT, RICHARD	
STREET ADDRESS	9029 SW 157 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BHAGWANDAT, VELMA	
STREET ADDRESS	19369 SW 118TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BHAGWANDAT, ALLISON	
STREET ADDRESS	9029 SW 157 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Richard Bhagwandat* **SIGNATURE REQUIRED** **RICHARD BHAGWANDAT** 9/8/99 305252-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

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561925
611362-90004-14

S. R. Bang, Inc.
D/B/A SR Technology
12360 S.W. 132 ct Suite 211
Miami Florida 33186
Voice 305 252-9474 Fax 305 254-4010

August 24, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Request for Waiver of late fees.

Dear Sir or Madam:

I am writing this letter respectfully seeking your assistance in waving the late fees for the three companies World Box Inc, S.R. Bang Inc & Consumer Information Services Network.

The problem of the Annual Reports Documents not being sent in on time was due in part to an on going problem we have had with the Post Office for the past couple years. We had our offices at 12350 S.W. 132 CT #211 and we moved TO 12360 S.W. 132 CT #211, since then we have had some of our mail placed in the wrong box. That office has been vacant at times with new tenants rotating in and out which has caused a problem in collecting the misplaced mail.

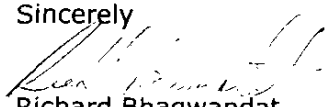
We received our annual report documents one week before we had sent them in, which of course was late. I personally did not realize that this payment was to be sent in with or without the attached document or I would have done so. I now understand that the responsibility ultimately lies with me, as explained by Kathy in your re-instatement department.

Believe me when I say that I would not have sat on these just to pay the extra \$400 per company (funds that we desperately need at this time). In the computer industry us small businesses are having a difficult time staying afloat, we may even at the end of this Year close one of the three companies. We currently share our resources to stay in business, and keep the few employees we have:

If we pay the extra \$1200.00 dollars, this will definitely affect us financially for the rest of the year. I really feel terrible that my mistake may affect others financially. To some it may not seem like a lot but for us every penny counts. To be honest we really do not have it. I do apologize for my error and ask for your help one last time, and I can assure you that this will not occur again any time in the future.

In advance Thank You for your help in this matter, please feel free to contact me directly at 305-252-9474

Sincerely


Richard Bhagwandat
President

UNIFORM COMMERCIAL CODE

State of Florida
STATEMENT OF CHANGE

3601925
011302-90004-14
FORM UCC-3 (REV.1993)

This Statement of Change is presented to a filing officer pursuant to the Uniform Commercial Code:

1. Debtor (Last Name First if an individual) BENNETT, DOROTHY PEARL		1a. Date of Birth or FEI#
1b. Mailing Address 7100 S.W. 71st Court	1c. City, State Miami, Florida	1d. Zip Code 33143
2. Additional Debtor or Trade Name (Last Name First if an individual)		2a. Date of Birth or FEI#
2b. Mailing Address	2c. City, State	2d. Zip Code
3. Secured Party (Last Name First if an individual) CONTINENTAL NATIONAL BANK OF MIAMI		
3a. Mailing Address 1801 S.W. 1st Street	3b. City, State Miami, Florida	3c. Zip Code 33135
4. Additional Secured Party (Last Name First if an individual)		
4a. Mailing Address	4b. City, State	4c. Zip Code

5. This Statement refers to original Financing Statement bearing file number: 980000159240 filed on July 17, 1998

- 6. A. Continuation - The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is continued.
- B. Release - The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. **RELEASE DOES NOT TERMINATE LIEN AGAINST A DEBTOR.**
- C. Full Assignment - All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7 below.
- D. Partial Assignment - Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is also shown in Block 7.
- E. Amendment - The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements)
- F. Termination - The Secured Party no longer claims an interest under the Financing Statement bearing the file number shown above.
- G. Other -

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

This space for use of Filing Officer

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured party (ies)
Martha S. Tabio
Martha S. Tabio, First Vice President

10. Number of Additional Sheets Presented

11. Return Copy to:
Name
Address Zory Martinez
Continental National Bank
1801 S.W. 1st Street
Miami, Florida 33135
City, State, Zip