

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V48689 (6)

1. Corporation Name

CONSUMER INFORMATION SERVICES NETWORK, INCORPORATED



Principal Place of Business

Mailing Address

12360 SW 132ND CT.
SUITE #211-A
MIAMI FL 33186
US

12360 SW 132ND CT
SUITE #211-A
MIAMI FL 33186
US

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0347459

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, GARY A.
16224 SW 92ND AVE
MIAMI FL 33157

81 Name GRAY, GARY A.

82 Street Address, P.O. Box Number (if Not Acceptable)
11390 SW 162 TERRACE

83

84 City MIAMI

FL 85 Zip Code 33157

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 * Gary A. Gray

(Signature must be printed name of registered agent and the type of the)

(NOTE: Registered Agent signature required when reappointing)

DATE

7/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME GRAY, GARY
STREET ADDRESS 16224 SW 92ND AVE
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE PRESIDENT
1.2 NAME GRAY, GARY
1.3 STREET ADDRESS 11390 SW 162 TERR
1.4 CITY-ST-ZIP MIAMI FL 33157

Change Addition

TITLE V
NAME BHAGWANDAT, RICHARD
STREET ADDRESS 11390 SW 162ND TERR
CITY-ST-ZIP MIAMI FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE S
NAME BORELAND-GRAY, DEANNA A
STREET ADDRESS 5230 HOLLYWOOD BLVD. #708
CITY-ST-ZIP HOLLYWOOD FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME BHAGWANDAT, ALLISON
STREET ADDRESS 11390 SW 162 TERR
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allison Bhagwandat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96 305.234.7828

Original Filing Fee

CR2E034 (3/96)