FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # V56592 (1)

APPROVED
AND
FILED

95 MAY 11 PM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Current Name
ANONYMOUS DESIGN, INC.

Principal Address
9149 COLLINS AVE
APT. 302
SURFSIDE FL 33154

Mailing Address
9149 COLLINS AVE
APT. 302
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1992
3a. Date of Last Report: 10/14/1994

4. FEI Number: 65-0393472
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Election Campaign Financing
$5.00 May Be Added to Fees

8. This corporation has filed or attempted to file under S. 607.1105, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

ISIDRON, ABEL E.
9149 COLLINS AVE.
APT. 302
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.1622, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth above.

SIGNATURE

OFFICER AND/OR DIRECTOR

12.
PSD
ISIDRON, ABEL E.
9149 COLLINS AVE.
SURFSIDE FL 33154

VD
ISIDRON, ALEXANDRA P
9149 COLLINS AVE.
SURFSIDE FL 33154

ADDITIONAL CHANGES TO OFFICER AND/OR DIRECTOR

13. ☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I further swear (or affirm) that the information contained in this report complies with the applicable provisions of Section 607.1622, Florida Statutes. I further swear (or affirm) that I am a duly authorized officer of this corporation or other person authorized by Chapter 607, Florida Statutes, to execute this report.

SIGNATURE: [signature] 4/30/95 561-5097

NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

01633341 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56596 (2)

1. Corporation Name
NET PLUS, INC.

Principal Place of Business	Mailing Address
18216 MEDITERRANEAN BLVD SUITE 1907 MIAMI FL 33015	P. O. BOX 174185 HIALEAH FL 33017-4185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 09/13/1994

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

4. FEI Number: 65-0406845 ☐ 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

PELEJA, LORI A
18216 MEDITERRANEAN BLVD.
SUITE 1907
MIAMI FL 33015

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PELEJA, LORI A
STREET ADDRESS	18216 MEDITERRANEAN BLVD., SUITE 1907
CITY-ST-ZIP	MIAMI FL 33015
TITLE	VP
NAME	PELEJA, LUIS C.
STREET ADDRESS	18216 MEDITERRANEAN BLVD #1907
CITY-ST-ZIP	MIAMI FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: Lori Peleja LORI A. Peleja — 5-9-95 — 305-828-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422003 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

8: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56639** **(0)**

1. Entity Name

APPLIED DIGITAL SOLUTIONS INCORPORATED

Principal Address

6800 SW 40TH ST.
#179
MIAMI FL 33155
US

Mailing Address

6800 SW 40TH ST.
#179
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

2. Florida Document Number	2a. Mailing Address
21	26
State Agent Name	State Agent Name
22	27
City, State	City, State
23	28
24 25	29 30

3. Date first organized or qualified: 08/11/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0349499	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
7. This corporation is subject to the provisions of Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

KOTCHER, GEORGE E.
6800 SW 40TH ST.
#179
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The 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

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
DEVP KOTCHER, GEORGE E. 3916 IRVINGTON AVE. MIAMI FL	☐ Change ☐ Addition
DP KOTCHER, ROMA G. 3916 IRVINGTON AVE. MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only, I further certify that I am a director, officer or agent 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 above, or on an attachment with an address.

SIGNATURE: Roma G. Kotcher 5/9/95 (708)386-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0167025 CP