

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

APPROVED
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95 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # H13118 (5)
 1. Corporation Name
Networks Holdings, Inc.

Principal Place of Business Mailing Address
%JEROME FELDMAN **%JEROME FELDMAN**
P.O. BOX 610096 **P.O. BOX 610096**
N MIAMI FL 33261-7096 **N MIAMI FL 33261-7096**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **800 Brickell Avenue** 26 **800 Brickell Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **605** 27 **605**
 City & State City & State
 23 **Miami, FL** 28 **Miami, FL**
 Zip Country Zip Country
 24 **33131** 25 **USA** 29 **33131** 30 **USA**

3. Date Incorporated or Qualified **7-19-84** 3a. Date of Last Report **04-22-94**
 4. FEI Number **59-262210 8** 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
FELDMAN, JEROME
11900 BISCAYNE BLVD
PENTHOUSE 800
NO. MIAMI, FL 33181

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue
 B3 **605**
 B4 City **Miami, FL** B5 Zip Code **33131**

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, Street or partial name of registered agent and the 7 applicable: (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME	1 2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800/N MIAMI FL	1 3 STREET ADDRESS	800 Brickell Avenue #605
CITY, ST, ZIP		1 4 CITY, ST, ZIP	Miami, FL 33131
TITLE	T	2 1 TITLE	800 Brickell Avenue #605 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	2 2 NAME	Miami, FL 33131
STREET ADDRESS	11900 BISCAYNE BLVD #800	2 3 STREET ADDRESS	
CITY, ST, ZIP	NO MIAMI FL	2 4 CITY, ST, ZIP	
TITLE	S	3 1 TITLE	800 Brickell Avenue #605 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	3 2 NAME	Miami, FL 33131
STREET ADDRESS	11900 BISCAYNE BLVD #800	3 3 STREET ADDRESS	
CITY, ST, ZIP	NO MIAMI FL	3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	20000 1498 192
STREET ADDRESS		4 3 STREET ADDRESS	-05/24/95--01055--015
CITY, ST, ZIP		4 4 CITY, ST, ZIP	****200.00 ****200.00
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY, ST, ZIP	

REMITTED BY MAY 1

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)(b), 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:  Jason Feldman 4-21-95 305 530-0800
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature)