


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90017 001 *5,408.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H13118
 1. Corporation Name
NETWORKS HOLDINGS, INCORPORATED



Principal Place of Business 2005 NE 121 RD. N. MIAMI FL 33181	Mailing Address PO BOX 610096 N MIAMI FL 33261-0096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 WEST AVENUE Suite, Apt. #, etc. 22 PH-14 City & State 23 MIAMI, FL Zip 24 33129		2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 398750 City & State 28 MIAMI BEACH, FL Zip 29 33239 Country 30 USA		3. Date Incorporated or Qualified 07/19/1984		4. FEI Number 59-2622108		Applied For 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent
FELDMAN, JEROME
 2005 NE 121 RD.
 N. MIAMI FL 33181

10. Name and Address of New Registered Agent
 81 Name **Jerome Feldman**
 82 Street Address (P.O. Box Number is Not Acceptable) **PH 14**
650 WEST AVE
 83
 84 City **Miami Beach** State **FL** Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0802 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 **JEROME FELDMAN** DATE **4-20-99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	2005 NE 121 RD.	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	2005 NE 121 RD.	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	2005 NE 121 RD.	
CITY-ST-ZIP	N. MIAMI FL 33181	
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	650 WEST AVE PH-14
1.3 STREET ADDRESS	MIAMI BEACH, FL 33139
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	650 WEST AVE PH-14
2.3 STREET ADDRESS	MIAMI BEACH, FL 33139
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	650 WEST AVE PH-14
3.3 STREET ADDRESS	MIAMI BEACH, FL 33139
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: **Jerome Feldman** 305-895-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)