

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21186 (7)

1. Corporation Name

NETWORKS-U.S.A. XIII, INCORPORATED

Principal Place of Business

Mailing Address

% JEROME FELDMAN
P.O. BOX 610096
N MIAMI FL 33261-7096

% JEROME FELDMAN
P.O. BOX 610096
N MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/18/1988** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0049818** 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

2. Principal Place of Business 2a. Mailing Address
21 **800 Brickell Ave.** 26 **800 Brickell Ave.**

Suite, Apt. #, etc. 27
22 **605** 27 **605**

City & State 28
23 **Miami, Florida** 28 **Miami, Florida**

Zip Country 29
24 **33131** 25 **USA** 29 **33131** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELDMAN, JEROME
11900 BISCAYNE BLVD - PENTHOUSE 800
N MIAMI FL 33181**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
**800 Brickell Avenue
Suite 605**
83
84 City **Miami** 85 Zip Code **FL 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: Typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when constituting)

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	1.3 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	N MIAMI FL	1.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	2.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	2.3 STREET ADDRESS	800 Brickell Avenue, Suite 605
CITY - ST - ZIP	N MIAMI FL	2.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	3.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	3.3 STREET ADDRESS	800 Brickell Avenue, Suite 605
CITY - ST - ZIP	N MIAMI FL	3.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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	

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 **Jason Feldman** 4-21-95 305.530.800
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER ON DIRECTOR (Type) (Typed Name)