

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K21186 (7)**

1. Corporation Name

**NETWORKS-U.S.A. XIII, INCORPORATED**



Principal Place of Business

Mailing Address

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified  
**04/18/1988**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2005 N.E. 121 Rd.**

26 **P.O. Box 61096**

4. FEI Number  
**65-0049818**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**N. MIAMI, FL**

**N. MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

**33181 US**

**33261-0096 US**

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

**FELDMAN, JEROME  
800 BRICKELL AVE  
SUITE 605  
MIAMI FL 33131**

81 Name

**JEROME FELDMAN**

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

**2005 N.E. 121 Rd.**

83

84 City

**N. MIAMI**

**FL**

85 Zip Code

**33181**

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 re-issuing)

**4/30/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	800 BRICKELL AVE, STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	800 BRICKELL AVE, STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	800 BRICKELL AVE, STE 605	
CITY-ST-ZIP	MIAMI FL	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>2005 NE 121 RD</b>
4. CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3.3 STREET ADDRESS	
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	<b>600001838566</b>
5.3 STREET ADDRESS	<b>-05/24/96--01047--014</b>
5.4 CITY-ST-ZIP	<b>***200.00</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**

**(305) 895-7000**

DATE

DAYTIME PHONE #

CR2E034 (12/95)