

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 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K21189** (1)

1. Corporation Name
NETWORKS-U.S.A. XVI, INCORPORATED

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.

3. Date Incorporated or Qualified **04/18/1988** 3a. Date of Last Report **04/22/1984**

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

4. FEI Number **65-0050530** Applied For
Not Applicable

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

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

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

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

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

8. This corporation has liability for intangible tax under S. 199, U.S. Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, JEROME
11900 BISCAYNE BLVD
PENTHOUSE 800
NO MIAMI FL 33161

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Ave.
83 **Suite 605**
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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **FELDMAN, JEROME**
STREET ADDRESS **11900 BISCAYNE BLVD #800**
CITY - ST - ZIP **NO MIAMI FL**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS **800 Brickell Ave., Ste. 605**
1 4 CITY - ST - ZIP **Miami, Florida 33131**

TITLE **T**
NAME **FELDMAN, MICHAEL**
STREET ADDRESS **11900 BISCAYNE BLVD #800**
CITY - ST - ZIP **NO MIAMI FL**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS **800 Brickell Ave., Ste. 605**
2 4 CITY - ST - ZIP **Miami, Florida 33131**

TITLE **S**
NAME **FELDMAN, JASON**
STREET ADDRESS **11900 BISCAYNE BLVD #800**
CITY - ST - ZIP **NO MIAMI FL**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS **800 Brickell Ave., Ste. 605**
3 4 CITY - ST - ZIP **Miami, Florida 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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, on an attachment with an address.

SIGNATURE: *Jerome Feldman* *Jason Feldman* 4-21-95 305 5300800
Signature and typed or printed name of signing officer or director Date Expiration