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

05-19-1999 90017 001 *5,408.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K30651

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

Principal Place of Business: 2005 NE 121 RD. N. MIAMI FL 33181
 Mailing Address: PO BOX 610096 N. MIAMI FL 33261-0096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1988
 4. FEI Number: 65-0065330
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 650 West Ave. Suite, Apt. #, etc. PT-14
 2a. Mailing Address: P.O. BOX 398750
 23. City & State: MIAMI BEACH, FL
 28. City & State: MIAMI BEACH, FL
 24. Zip: 33139 Country: USA
 29. Zip: 33239 Country: USA

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: [Blank], 82 Street Address: 650 West Ave PH 1X, 83 [Blank], 84 City: Miami Beach FL, 85 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: JEROME FELDMAN DATE: 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: 650 West Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, JEROME		1.2 NAME: PT-14	
STREET ADDRESS: 2005 NE 121 RD.		1.3 STREET ADDRESS: MIAMI BEACH, FL	
CITY-ST-ZIP: N. MIAMI FL 33181		1.4 CITY-ST-ZIP: 33139	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE: 650 West Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, MICHAEL		2.2 NAME: PT-14	
STREET ADDRESS: 2005 NE 121 RD.		2.3 STREET ADDRESS: MIAMI BEACH FL	
CITY-ST-ZIP: N. MIAMI FL 33181		2.4 CITY-ST-ZIP: 33139	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE: 650 West Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, JASON		3.2 NAME: PT-14	
STREET ADDRESS: 2005 NE 121 RD.		3.3 STREET ADDRESS: MIAMI BEACH, FL	
CITY-ST-ZIP: N. MIAMI FL 33181		3.4 CITY-ST-ZIP: 33139	
TITLE: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		4.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

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 DATE: 4/20/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JEROME FELDMAN
 Daytime Phone #: 305 895-7000

CR2E034 (11/98)