

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 # **K30652** (7)
1. Corporation Name
NETWORKS-U.S.A. XIX, INCORPORATED

Principal Place of Business Mailing Address
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 **08/10/1988** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 800 Brickell Ave.		26 800 Brickell Ave.		65-0065333		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite 605		27 Suite 605		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Miami, Florida		28 Miami, Florida					
Zip	Country	Zip	Country				
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 NO MIAMI FL 33181				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				800 Brickell Ave.			
				Suite 605			
				84 City			
				Miami		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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

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 Ave., Ste. 605
CITY - ST - ZIP	NO 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 Ave., Ste. 605
CITY - ST - ZIP	NO 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 Ave., Ste. 605
CITY - ST - ZIP	NO 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, 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 5-30 4/2/95 305 5300800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)