

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K30653 (5)**
1. Corporation Name
NETWORKS-U.S.A. XX, INCORPORATED



Principal Place of Business: **800 BRICKELL AVE, 805, MIAMI FL 33131, US**
Mailing Address: **800 BRICKELL AVE, 805, MIAMI FL 33131, US**

2. Principal Place of Business: **21 2005 N.E. 121 Rd., 22 N. MIAMI, FL, 23 33181**
2a. Mailing Address: **26 P.O. Box 610096, 27 N. MIAMI, FL, 28 33261-0096**

3. Date Incorporated or Qualified: **08/10/1988**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0065325**
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

9. Name and Address of Current Registered Agent: **FELDMAN, JEROME, 800 BRICKELL AVE, SUITE 605, MIAMI FL 33131**

10. Name and Address of New Registered Agent: **81 Name: JEROME FELDMAN, 82 Street Address (P.O. Box Number is Not Acceptable): 2005 NE 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]*

4/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, JEROME		1.2 NAME: FELDMAN, JEROME	
STREET ADDRESS: 800 BRICKELL AVE, STE 605		1.3 STREET ADDRESS: 800 BRICKELL AVE, STE 605	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: MIAMI FL	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, MICHAEL		2.2 NAME: FELDMAN, MICHAEL	
STREET ADDRESS: 800 BRICKELL AVE, STE 605		2.3 STREET ADDRESS: 2005 NE 121 RD	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: N. MIAMI FL 33181	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, JASON		3.2 NAME: FELDMAN, JASON	
STREET ADDRESS: 800 BRICKELL AVE, STE 605		3.3 STREET ADDRESS: 800 BRICKELL AVE, STE 605	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: MIAMI FL	
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]	

600001847208
-06/03/96--01021--023
*****200.00**

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (805) 895-7000
Date of Filing

CR2E034 (12/95)