

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # M26507

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



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1986

4. FEI Number: 59-2737555 Applied For: Not Applicable

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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 650 WEST AVENUE, Suite, Apt. #, etc. 22 Pit-14, City & State 23 MIAMI BEACH, FL, Zip 24 33139, Country 25 USA

2a. Mailing Address: 26 P.O. BOX 398750, City & State 27 MIAMI BEACH FL, Zip 29 33239, Country 30 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 PH14, 83 [Blank], 84 City: MIAMI BEACH FL, 85 Zip Code: 33139

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* 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME	1.2 NAME	650 WEST AVE PH-14
STREET ADDRESS	2005 NE 121 RD.	1.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	N MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	2.2 NAME	650 WEST AVE. PH-14
STREET ADDRESS	2005 NE 121 RD.	2.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	N MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	3.2 NAME	650 WEST AVE PH-14
STREET ADDRESS	2005 NE 121 RD.	3.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	N MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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* 4/20/99 301/895-7000

CR2E034 (11/98)