

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

APPROVED
AND
FILED

95 MAY -1 PM 2:28
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M42513
1. Corporation Name
Networks U.S.A. I, 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

2. Principal Place of Business 2a. Mailing Address
21 800 Brickell Avenue 26 800 Brickell Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 605 27 605
City & State City & State
23 Miami, FL 28 Miami, FL
Zip Country Zip Country
24 33131 25 USA 29 33131 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
12-2-86 04-22-94
4. FEI Number Applied For
59-2744035 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
7. 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
11900 BISCAYNE BLVD
PENTHOUSE 800
NO MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue
83 Ste.#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 reappointing) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | DP |
| NAME | FELDMAN, JEROME |
| STREET ADDRESS | 11900 BISCAYNE BLVD #800 |
| CITY, ST, ZIP | NO MIAMI FL |
| TITLE | T |
| NAME | FELDMAN, MICHAEL |
| STREET ADDRESS | 11900 BISCAYNE BLVD #800 |
| CITY, ST, ZIP | NO MIAMI FL |
| TITLE | S |
| NAME | FELDMAN, JASON |
| STREET ADDRESS | 11900 BISCAYNE BLVD #800 |
| CITY, ST, ZIP | NO MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | 800 Brickell Avenue, Ste.605 |
| 3. STREET ADDRESS | Miami, FL 33131 |
| 4. CITY, ST, ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | 800Brickell Avenue, Ste.605 |
| 23. STREET ADDRESS | Miami, FL 33131 |
| 24. CITY, ST, ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | 800 Brickell Avenue, Ste.605 |
| 33. STREET ADDRESS | Miami, FL 33131 |
| 34. CITY, ST, ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | 400001498194 |
| 44. CITY, ST, ZIP | -05/24/95--01055--016 |
| | ****200.00 ****200.00 |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY, ST, ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY, ST, ZIP | |

REMITTED BY MAY 1

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)(b), Florida Statutes. I further certify that the information included 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. 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:  Jason Feldman 4-21-94 305 530-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR