

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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 10:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # M42514 (3)**

1. Corporation Name  
**NETWORKS-U.S.A. II, INCORPORATED**

Principal Place of Business      Mailing Address

**P.O. BOX 610096  
NORTH MIAMI FL 33261-7096**      **P.O. BOX 610096  
NORTH MIAMI FL 33261-7096**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

**21 800 Brickell Ave.**      **26 800 Brickell Ave.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22 605**      **27 605**

City & State      City & State

**23 Miami, Florida**      **28 Miami, Florida**

Zip      Country      Zip      Country

**24 33131**      **25 USA**      **29 33131**      **30 USA**

3. Date Incorporated or Qualified      3e. Date of Last Report

**12/02/1986**      **04/22/1994**

4. FEI Number      Applied For

**59-2742847**       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 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 Ave.**

**83 Suite 605**

**84 City**      **FL**      **85 Zip Code**  
**Miami**      **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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable      **NOTE:** Registered Agent signature required when resigning      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>FELDMAN, JEROME</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>
CITY - ST - ZIP	<b>NO MIAMI FL</b>
TITLE	<b>AS</b>
NAME	<b>FELDMAN, JASON</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>
CITY - ST - ZIP	<b>NO MIAMI FL</b>
TITLE	<b>AT</b>
NAME	<b>FELDMAN, MICHAEL</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>
CITY - ST - ZIP	<b>NO MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>800 Brickell Ave., Ste. 605</b>
14 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>800 Brickell Ave., Ste. 605</b>
24 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>800 Brickell Ave., Ste. 605</b>
34 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
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	

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 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 attachment with an address.

SIGNATURE: *Jason Feldman*      **JASON FELDMAN**      4/21/95      3055300800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Digitized Name