

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

0277986

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M42514

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 650 West Ave		26		12/02/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 PH-14		27 P.O. BOX 390750		59-2742847	
City & State		City & State		Applied For	
23 MIAMI BEACH, FL		28 MIAMI BEACH FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33139		29 33239		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA		30 USA		\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELDMAN, JEROME 2005 NE 121 RD. N. MIAMI FL 33181				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				650 West Ave. PH14			
				83			
				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: *[Signature]* **JEROME FELDMAN** DATE: **4/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP	33139
TITLE	MS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	2.2 NAME	650 West Ave. PH-14
STREET ADDRESS	2005 NE 121 RD.	2.3 STREET ADDRESS	MIAMI BEACH, FL
CITY-ST-ZIP	N. MIAMI FL 33181	2.4 CITY-ST-ZIP	33139
TITLE	AT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	3.2 NAME	650 West Ave. PH-14
STREET ADDRESS	2005 NE 121 RD.	3.3 STREET ADDRESS	MIAMI BEACH, FL
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP	33139
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 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 assignment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JEROME FELDMAN** DATE: **4/20/99** Daytime Phone #: **305 895-7000**

CR2E034 (11/98)