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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State					
	MENT # M47		(5)		****						
NETWO	rks-U.S.A. VI, INCOR	PORATED						s eldigadus els dideir ender duce eldig	Die Olaif Geall S	(B)) (131) (10 1)	GERII ERRI
Daire at Olice) I o ili	n Adduses			······································					
Principal Place of Business 2005 NE 121 RD. N. MIAMI FL 33181 US		PO B	Mailing Address PO BOX 610096								
		N. MI	N. MIAMI FL 33261-0098								
							3.	Date Incorporated or Qualified 03/02/1987		te of Last R 01/1996	eport
2. Principal P	lace of Business	2a. M	ailing Address	<u> </u>		<u></u>	4.	FEI Number 59-2794670			plied For t Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stat	c	28	ity & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	29 29	р	Count 30	ry		8.	This corporation has liability to	r intangible	tax under s	199.032,
24	9. Name and Address of		ed Agent	1301			10.	. Name and Address of New F			
FELDMAN, JEROME					1	Name					
2005 NE 121 RD.				8	82 Street Address (P.O. Box Number is Not Acceptable)				able)		
N. 1	Alami FL 33181			-	_		`		·····		
				8	3						
				6	4	Ċity	****			85 Zip (Code
45 Durayont	to the eventaine of Castions	207 0500 and 607	1500 Etorido Ptot	ton the abo	1	annod on	maratio	on a shorter this statement for the	FL	obanaina i	a raciatorad
office or r	to the provisions of Sections of egistered agent, or both, in the	ne State of Florida	Such change was	authorized l	oy	the corpora	rporauc ation's	on submits this statement for the board of directors. I hereby acc	ept the app	changing it bintment as	registered
]	m familiar with, and accept tr	e obligations of, S	ection 607.0505, F	iorida Statuti	es.						
SIGNATURE	Stignature, typed or printed name of reg-	stered agent and title if a	opricable. (NO	TE Registered A	gen	t signature requ	uited whe	n reinstating)	DATE		
12.		RS AND DIRECTO	DRS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TIFLE	DP		DELETE	1.1 TITLE		Ţ				☐ Change	Addition Addition
NAME	FELDMAN, JEROME			1.2 NAM	E						
STHEET ADDRESS	2005 NE 121 RD.			1.3 STRE		1					
DITY-ST-ZIP	N. MIAMI FL 33181		DELETE	1.4 CITY	-	- ZIP			····	Change	Addition
TIFE	AT FELDMAN, MICHAEL		P DECEIE	2.1 TITLE		}				- Change	MODITION
NAME STREET ADDRESS	2005 NE 121 RD.			2.2 NAM 2.3 STRE		IDORECC					
CITY-ST-7/P	N. MIAMI FL 33181			2.4 CITY		i i					
TITLE	AS		☐ DELETE	3.1 TITLE		1-211	··········	······································		Change	Addition
NAME	FELDMAN, JASON		-	3.2 NAMI	E					-	
STREET ADDRESS	2005 NE 121 RD.			3.3 STRE		NODAESS					
CITY+ST-ZIP	N. MIAMI FL 33181		3.4. CITY	3.4. CITY - ST - ZIP							
THLE			DELETE	4.1 TITLE						Change	Addition
NAME				4. 2 NAM	IE						
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
CITY-S1-ZiP				4.4 CITY	_	- ZIP					
TIFE			DELETE	5.1 TITLE						Change	Addition
NAME				5.2 NAMI							
STREET ADDRESS				5.3 STRE							
City-St-ZiP			DELETE	5.4 CITY		-ZIP				Change	Addition
TITLE			CT DETELE	6.1 TITLE		}				Last Grissings	L MODITION
NAME				6.2 NAM	t	- 1					

14. I do hereby certify that the information supplied with this filling 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 supplementational 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 an attachment with an address.

63 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHTY-ST-ZIF

Terome Fernmer SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

891-7000

FILED

May 12 1997 8:00am