

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M62945 (4)**

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



Principal Place of Business

800 BRICKELL AVE
605
MIAMI FL 33131
US

Mailing Address

800 BRICKELL AVE
605
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 **2205 NE 121 Rd.**
Suite, Apt. #, etc.

26 **P.O. Box 610096**
Suite, Apt. #, etc.

22
City & State

27
City & State

23 **N. MIAMI, FL**

28 **N. MIAMI, FL**

24 **33181**
Zip

Country

29 **33261-0096**
Zip

Country

30

9. Name and Address of Current Registered Agent

FELDMAN JEROME
800 BRICKELL AVE
SUITE 605
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **JEROME FELDMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
2205 N.E. 121 RD.
83
84 City **N. Miami** FL 85 Zip Code **33181**

11. Pursuant to the provisions of Sections 607.0602 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 of the registered agent and applicable

(NOTE: Registered Agent signature required when registering)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	800 BRICKELL AVE, STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	800 BRICKELL AVE, STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	800 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2205 N.E. 121 RD
2.4 CITY-ST-ZIP	N. MIAMI, FL 33181
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900001838589
5.4 CITY-ST-ZIP	-05/24/96--01047--017
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
6.4 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 119.07(3)(k), 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 of this report as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(305) 895-7000

Daytime Phone #

CR2E034 (12/95)