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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90017 001 *5,408.75

0277012

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # M62945

1. Corporation Name
NETWORKS-U.S.A. X, 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
 21 **650 WEST AVE**
 Suite, Apt. #, etc. **PH-14**
 City & State **MIAMI BEACH, FL**
 Zip **33139** Country **USA**

2a. Mailing Address
 26 **P.O. BOX 399**
 City & State **MIAMI BEACH, FL**
 Zip **33239** Country **USA**

3. Date Incorporated or Qualified
11/24/1987

4. FEI Number
65-0018066

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
FELDMAN JEROME
 2005 NE 121 RD.
 N. MIAMI FL 33181

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **650 WEST AVE PH 14**
 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

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, JEROME | |
| STREET ADDRESS | 2005 NE 121 RD. | |
| CITY-ST-ZIP | N. MIAMI FL 33181 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, MICHAEL | |
| STREET ADDRESS | 2005 NE 121 RD. | |
| CITY-ST-ZIP | N. MIAMI FL 33181 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FELDMAN, JASON | |
| STREET ADDRESS | 2005 NE 121 RD. | |
| CITY-ST-ZIP | N. MIAMI FL 33181 | |
| 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 | 650 WEST AVE PH-14 |
| 1.3 STREET ADDRESS | MIAMI BEACH, FL 33139 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 650 WEST AVE PH-14 |
| 2.3 STREET ADDRESS | MIAMI BEACH, FL 33139 |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 650 WEST AVE PH-14 |
| 3.3 STREET ADDRESS | MIAMI BEACH, FL 33139 |
| 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 | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 attachment with an address, with all other like empowered.

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

CR2E034 (1/98)