

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M62948** (8)

1. Corporation Name

**NETWORKS-U.S.A. REAL ESTATE, INCORPORATED**

Principal Place of Business

Mailing Address

% JEROME FELDMAN  
P.O. BOX 610096  
N MIAMI FL 33261-7096

% JEROME FELDMAN  
P.O. BOX 610096  
N MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/24/1987** 3a. Date of Last Report **04/22/1994**

|   |   |
|---|---|
| 21. Principal Place of Business<br><b>800 Brickell Ave.</b> | 26. Mailing Address<br><b>800 Brickell Ave.</b> |
| 22. Suite, Apt. #, etc.<br><b>605</b>                       | 27. Suite, Apt. #, etc.<br><b>605</b>           |
| 23. City & State<br><b>Miami, Florida</b>                   | 28. City & State<br><b>Miami, Florida</b>       |
| 24. Zip<br><b>33131</b>                                     | 29. Zip<br><b>33131</b>                         |
| 25. Country<br><b>USA</b>                                   | 30. Country<br><b>USA</b>                       |

4. FEI Number **65-0017970** Applied For 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, JEROME  
11900 BISCAYNE BLVD  
PENTHOUSE 800  
NO MIAMI FL 33181

|  |                          |
|--|--------------------------|
| 81. Name   |                          |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>800 Brickell Ave.</b> |
| 83. Suite  | <b>Suite 605</b>         |
| 84. City   | <b>Miami</b>             |
| 85. State  | <b>FL</b>                |
| 86. Zip Code   | <b>33131</b>             |

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, typed or printed name of registered agent and title of application

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>DP</b>                       |
| NAME           | <b>FELDMAN, JEROME</b>          |
| STREET ADDRESS | <b>11900 BISCAYNE BLVD #800</b> |
| CITY-ST-ZIP    | <b>NO MIAMI FL</b>              |
| TITLE          | <b>T</b>                        |
| NAME           | <b>FELDMAN, MICHAEL</b>         |
| STREET ADDRESS | <b>11900 BISCAYNE BLVD #800</b> |
| CITY-ST-ZIP    | <b>NO MIAMI FL</b>              |
| TITLE          | <b>S</b>                        |
| NAME           | <b>FELDMAN, JASON</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    |                                 |

|                    |  |
|--------------------|--|
| 1. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>800 Brickell Ave., Ste. 605</b>   |
| 1.4 CITY-ST-ZIP    | <b>Miami, Florida 33131</b>  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>800 Brickell Ave., Ste. 605</b>   |
| 2.4 CITY-ST-ZIP    | <b>Miami, Florida 33131</b>  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | <b>800 Brickell Ave., Ste. 605</b>   |
| 3.4 CITY-ST-ZIP    | <b>Miami, Florida 33131</b>  |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE:

*Jason Feldman*

**Jason Feldman**

**4-21-95**

**305 5300800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number