

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:00

DOCUMENT # N94000000756 (6)

1. Corporation Name
BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.



Principal Place of Business: 6835 S.W. 45TH LANE #8 MIAMI FL 33155
Mailing Address: P.O. BOX 7327 LANGLEY PARK MD 20787-7329

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 36-4005814
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FERRER, LUIGI
6835 S.W. 45TH LANE #8 MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, STEPHANIE	1.2 NAME	
STREET ADDRESS	170 E. RIDGE DR.	1.3 STREET ADDRESS	200001825902
CITY-ST-ZIP	SAN RAMON CA	1.4 CITY-ST-ZIP	-05/17/96--01010--008
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	****\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEHEART, ARTHUR	2.2 NAME	
STREET ADDRESS	1322 LOWRYK AV. #1 NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, LYNN	3.2 NAME	Alexei Gurin
STREET ADDRESS	2100 GILPIN APT. B	3.3 STREET ADDRESS	10515 SW 110th St.
CITY-ST-ZIP	DENVER CO	3.4 CITY-ST-ZIP	VRSHON ISLAND, WA 98070
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, GARY	4.2 NAME	
STREET ADDRESS	P.O. BOX 20917	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LAURA	5.2 NAME	
STREET ADDRESS	258 SAN CARLOS	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, VICTOR	6.2 NAME	
STREET ADDRESS	1899 SELBY AVE., #4	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55104	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victor Raymond DATE: 5/1/96 DAYTIME PHONE: 612-721-9635

CR2E037 (12/95)