


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 20 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Myrtham</b> , Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>02/14/1994</b>	3a. Date of Last Report <b>05/10/1996</b>
4. FEI Number <b>36-4005814</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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  
 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, STEPHANIE	1.2 NAME	Berger, Stephanie
STREET ADDRESS	170 E. RIDGE DR.	1.3 STREET ADDRESS	4231 Montgomery Street #105
CITY-ST-ZIP	SAN RAMON CA	1.4 CITY-ST-ZIP	Oakland, CA 94611
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEHEART, ARTHUR	2.2 NAME	Rochling, Kris
STREET ADDRESS	1322 LOWRYK AV. #1 NE	2.3 STREET ADDRESS	340 Hillman Ave.
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUREU, ALEXEL	3.2 NAME	Buren, Alexei
STREET ADDRESS	10515 SW 110TH ST.	3.3 STREET ADDRESS	231 Belmont Avenue, East #401
CITY-ST-ZIP	VASHON ISLAND WA 98070	3.4 CITY-ST-ZIP	Seattle, WA 98102
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTH, GARY	4.2 NAME	Kolodny, Debra
STREET ADDRESS	P.O. BOX 20917	4.3 STREET ADDRESS	631 Ritchie Ave.
CITY-ST-ZIP	LONG BEACH CA	4.4 CITY-ST-ZIP	Silver Spring, MD 20910
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, LAURA	5.2 NAME	Owen, Ron
STREET ADDRESS	258 SAN CARLOS	5.3 STREET ADDRESS	Binet Arizona
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	3136 N. 3rd Ave Phoenix, Arizona, 85013
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND, VICTOR	6.2 NAME	Bucknam, Marcella
STREET ADDRESS	1899 SELBY AVE., #4	6.3 STREET ADDRESS	11903 Esplanade Court # 713
CITY-ST-ZIP	ST. PAUL MN 55104	6.4 CITY-ST-ZIP	Bellevue, NE 68123

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED *Debra K. Kolodny* 8/1/97 301-515-0219

CR2E037 (4/97)