

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000005491 (2)**

1. Corporation Name

NETWORKS-U.S.A. XXIX, INCORPORATED



Principal Place of Business

**11900 BISCAYNE BLVD. STE. 800
NO. MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD. STE. 800
NO. MIAMI FL 33181**

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 **2005 N.E. 121 Rd.**
Suite, Apt. #, etc.

2a. Mailing Address

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

4. FEI Number

65-0565938

Applied For
Not Applicable

22 City & State

23 **N. Miami, FL**

27 City & State

28 **N. Miami, FL**

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

24 **33181**

25 Country

29 **33261-0096**

30 Country

9. Name and Address of Current Registered Agent

**FELDMAN, JEROME
11900 BISCAYNE BLVD. STE. 800
NO. MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name **Jerome Feldman**
82 Street Address (P.O. Box Number is Not Acceptable) **2005 N.E. 121 Rd.**
83
84 City **N. Miami** FL 85 Zip Code **33181**

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 of 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]

DATE of Registration

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	11900 BISCAYNE BLVD. STE. 800	
CITY-ST-ZIP	NO. 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		
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2005 N.E. 121 RD
14 CITY-ST-ZIP	N. MIAMI, FL 33181
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2005 N.E. 121 RD
24 CITY-ST-ZIP	N. MIAMI, FL 33181
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	300001872699
63 STREET ADDRESS	-06/24/96--01023--019
64 CITY-ST-ZIP	***200.00

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 as an attachment with an address.

SIGNATURE: *[Signature]* **Jerome Feldman** **4/30/96** **(305) 895-7000**

CR2E034 (12/95)