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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:45

DOCUMENT # N94000000756 (6)

1. Corporation Name

BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:
4. FEI Number: 36-4005814 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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 _____ 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	1.1 TITLE	D ☑ Change ☐ Addition
NAME	FERRER, LUIGI	1.2 NAME	STEPHANIE BERGER
STREET ADDRESS	6835 S.W. 45 LANE, #8	1.3 STREET ADDRESS	170 E. RIDGE DR.
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	SAN RAMORE CA 94583
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	HUTCHINS, LORAINE	2.2 NAME	ARTHUR FREEHEART
STREET ADDRESS	6104 3RD ST., N.W.	2.3 STREET ADDRESS	1322 LOWRY AV. #1 NE.
CITY-ST-ZIP	WASHINGTON DC 20011	2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55419
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	KOLODNY, DEBRA	3.2 NAME	LYNN GARBER
STREET ADDRESS	8123 19TH PLACE	3.3 STREET ADDRESS	2100 GILPIN APT. B
CITY-ST-ZIP	ADELPHI MD 20783	3.4 CITY-ST-ZIP	DENVER, CO 80205
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	GUREN, ALEXEI	4.2 NAME	GARY NORTH
STREET ADDRESS	48 EAGLE CREST DR., UNIT 5C	4.3 STREET ADDRESS	PO BOX 20917 N/A
CITY-ST-ZIP	LAKE OSWEGO OR 97035	4.4 CITY-ST-ZIP	LONG BEACH, CA 90801
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	KAAHUMANU, LANI	5.2 NAME	LAURA PEREZ
STREET ADDRESS	20 CUMBERLAND ST.	5.3 STREET ADDRESS	258 SAN CARLOS
CITY-ST-ZIP	SAN FRANCISCO CA 94110	5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94110
TITLE	D	6.1 TITLE	☐ Change ☐ 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)(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: Victor Raymond VICTOR RAYMOND 7-31-95 612-879-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073563