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

N94000000756 (6) DOCUMENT #

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PH 3: 00



Principal Place of	of Business		Mailing Addres			1 (10)						
6835 S.W. 4511	7327 PARK MD 20787-7329											
MIAMI FL 3315	5							orporated or Qualified 14/1994	3a. Dat	e of Last Ro 8/09/19 9	eport 95	
2. Principal Plac	ce of Busine	ess	2a. Mailing Address			4. FEI Nun 36-	4. FEI Number Applied Not App					
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certifica	5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	·		City & Sta	ite				Campaign Financing and Contribution			May Be to Fees	
Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25		29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent						
	9. Name	and Address of Curren	it Registered Age	nt		I	10. Name	and Address of New	Hedisteled b	rgent .		
					81	Name						
Ferrer,		82	82 Street Address (P.O. Box Number is Not Acce			able)						
6835 S.W	/. 45TH LA	NE	1			-						
#8										T=- T =:-	Carla	
MIAMI FL	. 33137				84	City			FL	85 Zip	Code	
SIGNATURE _		pt the obligations of Section printed name of registered agen	it and title if applicable		:: Registered Age	int signature rec	quired when reinstating)	ONS/CHANGES TO C	DATE DEFICERS AND	DIRECTO!	RS IN 12	
12.		OFFICERS AN	ID DIRECTORS	DELETE	1.1 TITLE	— Т	ADDITI	0.40.017.114420 10 2		Change	Addition	
TITLE	d Berger, Stephanie		_		1.2 NAMÉ	ŀ	20000182		000	902		
NAME STREET ADDRESS		RIDGE DR.				T ADDRESS	_nc /17/9881810906					
CITY-ST-ZIP		AMORE CA			1.4 CITY-	ST-ZIP			* *61.25	_****	£1,25	
TITLE	D			DELETE	2 1 TITLE			-\$141.5		Change	Addition	
NAME	FREEH	eart, arthur			2 2 NAME							
STREET ADDRESS		OWRYK AV. #1 NE				T ADDRESS						
CITY - ST - ZIP		apolis MN		DELETE	2 4 CITY 3.1 TITLE		D			Change	Addition	
TITLE	D	O IVAN	\	DECEN	3.1 MILL		MOXEL G	well				
NAME		r, Lynn Klein apt. B				ET ADDRESS	10515 5	M 110 m St	• *			
STREET ADDRESS CITY-ST-ZIP	DENVE				3.4 CITY		VKEHON	ISLAND, WI	4 9807			
TITLE	D	·····		DELETE	4.1 TITLE					☐ Change	Addition	
NAME		i, gary			4 2 NAM	ie						
STREET ADDRESS		OX 20917				et address						
CITY-ST-ZIP		BEACH CA		Jori ett	4 4 CITY		ļ .——			Change	☐ Addition	
TITLE	D	LAUDA	L]DELETÉ	5 1 TITLE 5 2 NAM						_	
NAME		, LAURA AN CARLOS				ET ADDRESS						
STREET ADDRESS		RANCISCO CA				-ST-ZIP						
CITY-ST-ZIP TITLE	D	INITOROU UN		DELETE	61 TITL		<u> </u>			☐ Change	Addition	
NAME	_	OND, VICTOR	-		62 NAM	IE.						
STREET ADDRESS	4000	SELBY AVE., #4			6 3 STR	EET ADDRESS						
CITY-ST-ZIP	1	UL MN 55104			6 4 CiTy	- ST - ZIP	<u> </u>	tion stated in Section	110 07/20b) E	lorida Statu	tos I further	
							OUR, for the evenin	non stater in Section.				

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 jurnier 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 certify 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:

ING OFFICER OR DIRECTOR

5/1/96 612-721-9635