

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 20 1997 8:00am
Secretary of State

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
05/10/1996

4. FEI Number

36-4005814

Applied For

Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRER, LUIGI
6835 S.W. 45TH LANE
#8
MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
NAME **BERGER, STEPHANIE**
STREET ADDRESS **170 E. RIDGE DR.**
CITY-ST-ZIP **SAN RAMON CA**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Berger, Stephanie**
1.3 STREET ADDRESS **4231 Montgomery Street #105**
1.4 CITY-ST-ZIP **Oakland, CA 94611**

TITLE ☒ DELETE
NAME **D**
NAME **FREEHEART, ARTHUR**
STREET ADDRESS **1322 LOWRYK AV. #1 NE**
CITY-ST-ZIP **MINNEAPOLIS MN**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Roehling, Kris**
2.3 STREET ADDRESS **340 Hillman Ave.**
2.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ DELETE
NAME **D**
NAME **GUREU, ALEXEL**
STREET ADDRESS **10515 SW 110TH ST.**
CITY-ST-ZIP **VASHON ISLAND WA 98070**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Guren, Alexei**
3.3 STREET ADDRESS **231 Belmont Avenue, East #401**
3.4 CITY-ST-ZIP **Seattle, WA 98102**

TITLE ☒ DELETE
NAME **D**
NAME **NORTH, GARY**
STREET ADDRESS **P.O. BOX 20917**
CITY-ST-ZIP **LONG BEACH CA**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Kolodny, Debra**
4.3 STREET ADDRESS **631 Ritchie Ave.**
4.4 CITY-ST-ZIP **Silver Spring, MD 20910**

TITLE ☒ DELETE
NAME **D**
NAME **PEREZ, LAURA**
STREET ADDRESS **258 SAN CARLOS**
CITY-ST-ZIP **SAN FRANCISCO CA**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Owen, Ron**
5.3 STREET ADDRESS **Binet, Arizona**
5.4 CITY-ST-ZIP **3136 N. 3rd Ave Phoenix, Arizona, 85013**

TITLE ☒ DELETE
NAME **D**
NAME **RAYMOND, VICTOR**
STREET ADDRESS **1899 SELBY AVE., #4**
CITY-ST-ZIP **ST. PAUL MN 55104**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Bucknam, Marcella**
6.3 STREET ADDRESS **11903 Esplanade Court #713**
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 P. Kolodny 8/1/97 301-575-0219

CR2E037 (4/97)