

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 # M26507 (7)

1. Corporation Name

NETWORKS-U.S.A. INCORPORATED



Principal Place of Business

Mailing Address

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

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.

City & State

23 N. Miami, FL

Zip Country

24 33181

City & State

28 N. Miami, FL

Zip Country

29 33261-0096 30

3. Date Incorporated or Qualified

01/28/1986

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2737555

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, JEROME  
800 BRICKELL AVE  
SUITE 605  
MIAMI FL 33131

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 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

Signature of individual or current registered agent and title, if applicable.

(NOTE: Registered Agent signature required when not stating)

4/30/96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
FELDMAN, JEROME  
STREET ADDRESS  
800 BRICKELL AVE, STE 605  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
FELDMAN, MICHAEL  
STREET ADDRESS  
800 BRICKELL AVE, STE 605  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
FELDMAN, JASON  
STREET ADDRESS  
800 BRICKELL AVE, STE 605  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

2. TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

2005 NE 121 RD  
N. MIAMI FL 33181

900001838629  
-05/24/96--01047--021  
\*\*\*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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305) 895-7000

Date

Phone Number

CR2E034 (12/95)