

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90017 001 *5,408.75

DOCUMENT # M26507

1. Corporation Name

NETWORKS-U.S.A. INCORPORATED

Principal Place of Business

2005 NE 121 RD.
N MIAMI FL 33181
US

Mailing Address

PO BOX 610096
N MIAMI FL 33261-0096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1986

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 650 WEST AVENUE

2a. Mailing Address

26 Suite/Apt. #, etc.
P.O. BOX 398750

22 City & State

22 MIAMI BEACH, FL

27 City & State

27 MIAMI BEACH FL

23 Zip Country

23 33139 USA

28 Zip Country

28 33239 USA

24 33139 25 USA

29 33239 30 USA

9. Name and Address of Current Registered Agent

FELDMAN, JEROME
2005 NE 121 RD.
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Jerome Feldman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP

STREET ADDRESS FELDMAN, JEROME

CITY-ST-ZIP 2005 NE 121 RD.

N MIAMI FL 33181

TITLE ☐ DELETE

NAME T

STREET ADDRESS FELDMAN, MICHAEL

CITY-ST-ZIP 2005 NE 121 RD.

N MIAMI FL 33181

TITLE ☐ DELETE

NAME S

STREET ADDRESS FELDMAN, JASON

CITY-ST-ZIP 2005 NE 121 RD.

N MIAMI FL 33181

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 650 WEST AVE PH-14

1.3 STREET ADDRESS MIAMI BEACH, FL 33139

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 650 WEST AVE PH-14

2.3 STREET ADDRESS MIAMI BEACH, FL 33139

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 650 WEST AVE PH-14

3.3 STREET ADDRESS MIAMI BEACH, FL 33139

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/99

Daytime Phone #

301/895-2000

CR2E034 (11/98)