

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M47520 (5)**

1. Corporation Name

NETWORKS-U.S.A. VI, INCORPORATED



Principal Place of Business

**800 BRICKELL AVE
605
MIAMI FL 33131
US**

Mailing Address

**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

29 **33264-0096**

Country

30

3. Date Incorporated or Qualified

03/02/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2794670

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

10. Name and Address of New Registered Agent

**FELDMAN, JEROME
800 BRICKELL AVE
SUITE 605
MIAMI FL 33131**

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, typed or printed name of registered agent or current registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
OP	FELDMAN, JEROME	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
AT	FELDMAN, MICHAEL	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
AS	FELDMAN, JASON	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**2005 N.E. 121 RD.
N. MIAMI, FL 33181**

**000001838570
-05/24/96--01047--018
***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 supplement 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) 895-7070

CR2E034 (12/95)