

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 # **M62948** (8)

1. Corporation Name

**NETWORKS-U.S.A. REAL ESTATE, INCORPORATED**

Principal Place of Business

Mailing Address

% JEROME FELDMAN  
605  
MIAMI FL 33131  
US

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US



2. Principal Place of Business

2a. Mailing Address

21 **2005 N.E. 121 Rd.**  
Suite, Apt. #, etc.

26 **P.O. Box 610096**  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 **N. MIAMI, FL**

28 **N. MIAMI, FL**

Zip Country

Zip Country

24 **33181**

29 **33261-0096**

30

3. Date Incorporated or Qualified

**11/24/1987**

3a. Date of Last Report

**04/27/1995**

4. FET Number

**65-0017970**

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 of Registered Agent and Title, if applicable

(NOTE: Registered Agent signature is required when reinstating)

**4/30/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T**  
FELDMAN, MICHAEL  
STREET ADDRESS **800 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **S**  
FELDMAN, JASON  
STREET ADDRESS **800 BRICKELL AVE**  
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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**  
Date

**(305) 895-7000**  
Daytime Phone #

CR2E034 (12/95)