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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

NETWORKS-ILS.A. VII. INCORPORATED

FILED May 14 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				- 1400400 00 0000 1000 4000 0100 400 010 01	. 4:411 61411 911	II)
2005 NE 121		PO BOX 610096						
n. Miami Fl Us	33181	N. MIAMI FL 33261	N. MIAMI FL 33261-0096			DO NOT WRITE IN THIS	SPACE	
US						3. Date incorporated or Qualified	OF AUL	
						11/24/1987		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Α	pplied For
21	_	26				65-0017854	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				C. Certificate of States Desired	Fee R	equired
City & State		—¬ '	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip 24	<u>├</u> ~~ŋ ├-¬ ├-¬			untry		8. This corporation owes or has paid the cu		tangible No
24	25 9. Name and Address of Curren	29 I Registered Agent	30	T		Personal Property Tax due June 30. 10. Name and Address of New Registered		7 140
FF	LDMAN, JEROME	Triogiotorea rigori		81	Name	TO. Mario and Madres of the Mingratores	rigoni	
2005 NE 121 RD.								
N. MIAMI FL 33181				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
14.				83	······································			
					*		1 1	
				84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida 5	Statutes, the	bove-r	named corpo	oration submits this statement for the purpose of	changing i	ts registered
office or r	egistere d agent, or both, in the State m fam iliar with, and accept the obliga	of Florida. Such change itions of, Section 607,050	was authoriz 35. Florida St	ed by th atutes.	he corporation	on's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE								
DIGITATIONE	Signature hypedior prote I have of registered age	ot and tille Capple able	(NO1f : Begister	ed Agent	signature roquire	d when reinstating) DATE		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP DELETE 1.17						Addition	
NAME	FELDMAN, JEROME 2005 NE 121 RD.		1.2 NAME		İ			[;
STREET ADDRESS	N. MIAMI FL 33181			STREET AD	i			Į.
CITY-ST-ZIP	T. MINNI FE 33101	3311		CITY-ST-	ZIP		Change	The Addition
TITLE	FELDMAN, MICHAEL	_		ITLE			L Change	☐ Addition [
NAME	2005 NE 121 RD.		2.2 M					
STREET ADDRESS	N. MIAMI FL 33181			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	R	DELET	DELETE 3.17		ZIP		Change	Addition
NAME	PPI DIMANI, MACONI		IAME			onenge	- Addition	
STREET ADDRESS	6005 NE 404 DD		TREET AD	IDRESS				
CITY-ST-ZIP	N. MIAMI FL 33181			DITY-ST-	í í			
TITLE		DELET		TLE	<u> </u>		Change	Addition
NAME				NAME			•	
STREET ADDRESS				STREET AD	DDRESS			
CITY-ST-ZIP				NTY-ST-				
TITLE		☐ DELET		ITLE			Change	Addition
NAME			5.2	iame				
STREET ADDRESS			5.3	TREET AD	DORESS			
CITY-ST-ZIP				HTY-ST-2				
TITLE		☐ DELET		TLE			Change	Addition
NAME			6.21	IAME				
STREET ADDRESS			6.3	TREET AD	DORESS			
CITY-ST-ZIP			6.4	HTY-ST-2	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 armual report or supplemental annual oport 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 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the corpora

305-895.7000