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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # M96542

(9)

NETWORKS-U.S.A. XXII, INCORPORATED

	F	ILED)
May	12	1997	8:00am
Sec	cret	ary of	f State

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Principal Pla	cipal Place of Business Malling Address					THE HEALTH STATE LEAVE BRIDGE BILLION CONTRACTOR OF CONTRACTOR STATES AND A CONTRACTOR OF CONTRACTOR				
2005 N.E. 121 RD N. MIAMI FL 33181			BOX 610096 Miami FL 33261-008	X 6						
US							3. Date incorporated or Qualified 08/26/1988	1	of Last R 1/1996	eport
2. Principal	Place of Business	<u> </u>	Mailing Address				4. FEI Number		h	oplied For
21		26	O in And House			······	65-0071286			ot Applicabl
Suite, Ap	Ot. #, €IC	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & St	late		City & State	··················			6. Election Campaign Financing		\$5.00	May Be
3		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip Ti	Country	├ 1	Zip	⊢ ¬	untry	•	8. This corporation has liability for i			. 199.032,
<u> </u>	[25] 9. Name and Address of C	29	ered ¢	30	T	· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New Reg	Yes		
CC		on lost Hogist	olog Agolit		81	Name	19. Hatte and Habitat Of Itali Inc	Aracolam 1	gorit.	
	eldman, Jerome 005 n.e. 121 RD							 	····	
	. MIAMI FL 33181				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
14.	. MICHINI I E VOIVI				83					
					84	City			Total 7:0	Code
					04	City		FL	85 Zip	↓000
SIGNATURE	Signature, typical or printed hame of registr	ered agent and tipe it		NOTE: Register		mt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND I	DIRECTOR	S IN 12
ILE	DP OFFICER	15 AND DIREC	DELETE		TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Change	Additi
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STREET ADDRES CITY - ST - ZIP TITLE				5.3 5.4 6.1 6.2 6.3	STREET CITY - S TITLE NAME	T-ZIP ADDRESS		Ţ	Change	Additi

I do 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 administrator indicated on this administrator indicated on this administrator in the corporation or the receiver or fustee 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

HIGHNATURE AND TYPEG OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/94

825. TOW