

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

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1995



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

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071418 (6)
1. Corporation Name
NETWORKS-U.S.A. XXVI, INCORPORATED

Principal Place of Business Mailing Address
**11900 BISCAYNE BLVD #800
NORTH MIAMI FL 33181** **11900 BISCAYNE BLVD #800
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1993		3a. Date of Last Report 04/22/1994	
2. Principal Place of Business 21 800 Brickell Ave. Suite, Apt. #, etc. 22 605 City & State 23 Miami, Florida Zip 24 33131		2a. Mailing Address 26 800 Brickell Ave. Suite, Apt. #, etc. 27 605 City & State 28 Miami, Florida Zip 29 33131	
4. FEI Number 65-0446497		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 USA		30 USA	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FELDMAN, JEROME 11900 BISCAYNE BLVD #800 NORTH MIAMI FL 33181				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave.		83 Suite 605		84 City Miami	
				85 State FL		86 Zip Code 33131	

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 _____ DATE _____
Signature (typed or printed name of registered agent and fee applicant) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	FELDMAN, JEROME 11900 BISCAYNE BLVD #800 NORTH MIAMI FL 33181	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE D	FELDMAN, JASON 11900 BISCAYNE BLVD #800 NORTH MIAMI FL 33181	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE D	FELDMAN, MICHAEL 11900 BISCAYNE BLVD #800 NORTH MIAMI FL 33181	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Jason Feldman Jason Feldman 4/2/95 305-5300800
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Name)