

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046688 (5)

1. Corporation Name

MEGANETWORK U.S.A., INC.

Principal Place of Business

**415 SW 19 RD
MIAMI FL 33129**

Mailing Address

**415 SW 19 RD
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

4. FEI Number

65-0500129

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. 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2929 E. Commercial Blvd

2a. Mailing Address

2929 E. Commercial Blvd

Suite, Apt., #, etc.

Suite 507

Suite, Apt., #, etc.

Suite 507

City & State

FL. Lauderdale, FL

City & State

FL. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

9. Name and Address of Current Registered Agent

**DI MASE, LUIGI
415 SW 19 RD
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

1. NAME
DI MASE, LUIGI
2. STREET ADDRESS
415 SW 19 RD
3. CITY, ST, ZIP
MIAMI FL 33129

4. NAME
ABAD, ISMAEL
5. STREET ADDRESS
415 SW 19 RD
6. CITY, ST, ZIP
MIAMI FL 33129

7. NAME
GOMEZ, MARIA L.
8. STREET ADDRESS
415 SW 19 RD
9. CITY, ST, ZIP
MIAMI FL 33129

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), Florida Statutes. I further certify that the information included 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. I am the owner or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13. I am not a corporation with no officers.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature: _____