

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069052 (6)

1. Corporation Name

NETV, INC.



Principal Place of Business

Mailing Address

21000 NE 28TH AVE.
SUITE 202
NORTH MIAMI FL 33180

21000 NE 28TH AVE.
SUITE 202
NORTH MIAMI FL 33180

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0521438

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

MARLOWE, RONALD J
2601 S. BAYSHORE DR 19TH FLOOR
MIAMI FL 33133

81 Name ABRAHAM PARDES

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

21000 NE 28TH AVE

83

SUITE 202

84 City

Miami

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Abraham Parades

ABRAHAM PARDES

4/29/96

Signature typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME PARDES, ABRAHAM
STREET ADDRESS 21000 NE 28TH AVE SUITE 209
CITY- ST- ZIP NORTH MIAMI FL 33180 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME SUITE 202
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DP
NAME SELF, MICHAEL
STREET ADDRESS 21000 NE 28TH AVE SUITE 209
CITY- ST- ZIP NORTH MIAMI FL 33180 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SUITE 202
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VD
NAME MARKOWITZ, HOWARD
STREET ADDRESS 21000 NE 28TH AVE SUITE 209
CITY- ST- ZIP NORTH MIAMI FL 33180 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SUITE 202
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 500001836135
5.4 CITY- ST- ZIP -05/23/96--01011--035
***208.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Howard Markowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD MARKOWITZ

Date

Daytime Phone

4/18/96 (305) 932-2884

CR2E034 (12/95)