

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62595** (6)

1. Corporation Name
AFFILIATED NETWORKS, INC.



Principal Place of Business
**2701 S BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133
US**

Mailing Address
**2701 S BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133
US**

3. Date Incorporated or Qualified: **09/09/1992** 3a. Date of Last Report: **09/13/1995**

4. FEI Number: **65-0354269** 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

2. Principal Place of Business
21 **2701 S. Bayshore Dr.**
22 Suite, Apt #, etc.: **Suite 403**
23 City & State: **Coconut Grove FL**
24 Zip: **33133** 25 Country: **USA**

2a. Mailing Address
26 **SAME**
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SCHWEDEL, DAVID A
2701 S BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code: **FL**

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: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEDEL, DAVID ALAN	
STREET ADDRESS	3620 LOQUAT AVENUE	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	X	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, ALEXANDER E.	
STREET ADDRESS	8811 SW 123 CT. UNIT 108	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID ALAN SCHWEDEL	
1.3 STREET ADDRESS	3564 ST. GAUDENS	
1.4 CITY - ST - ZIP	MIAMI, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Change, or on an attachment with an address.

SIGNATURE: *[Signature]* **DAVID A. SCHWEDEL** 01/25/96 305 285 2003

CR2E034 (12/95)