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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V62595 (6)

1. Corporation Name
AFFILIATED NETWORKS, INC.



Principal Place of Business: **2701 S BAYSHORE DR STE 403 COCONUT GROVE FL 33133 US**
Mailing Address: **2701 S BAYSHORE DRIVE SUITE 403 COCONUT GROVE FL 33133-5396 US**

3. Date Incorporated or Qualified: **09/09/1992**
3a. Date of Last Report: **05/01/1996**
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
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 **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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE: **P, S, T, DIRECTOR** DELETE
NAME: **SCHWEDEL, DAVID A**
STREET ADDRESS: **3564 ST GAUDENS**
CITY- ST- ZIP: **MIAMI FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **DIRECTOR** Change Addition
1.2 NAME: **RENATH H. SCHWEDEL**
1.3 STREET ADDRESS: **1581 Brickell Ave**
1.4 CITY- ST- ZIP: **MIAMI, FL 33131**
2.1 TITLE: **Director** Change Addition
2.2 NAME: **ROGER A. Trombino**
2.3 STREET ADDRESS: **14501 S.W. 79th AVE**
2.4 CITY- ST- ZIP: **MIAMI, FL 33158**
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, changed, or as an attachment with an address.

SIGNATURE: **(305) 285-2003**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____

CR2E034 (9/96)