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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**  
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-STATE-ZIP: **MIAMI FL**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-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-STATE-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-STATE-ZIP: **MIAMI, FL 33158**  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-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)