FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098757 (3)

NEW LOGIC INTERACTIVE INC

Dringland Disa	o of Rusings	Maller	Address		. –						
Principal Place of Business Mailing Address 4584 NORTH EAST 2ND AVENUE 4584 NORTH EAST 2ND AVENUE											
MIAMI FL 3313	AST 2ND AVENUE 7		RTH EAST 2ND / L 33137-3430	AVENUE			·				
							3. Date Incorporated or Qualified 12/04/1996	3a. Dal	e of Last	Report	
	Place of Business	2a, Mail	2a, Malling Address				4. FEI Number			Applied For	
21		26					65-0711842	-		lot Applicable	<u>.</u>
Suite, Apt.		27					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	´	City & State				6. Election Campaign Financing \$5.00 May Be				1
Zip	Country		Zip Country				Trust Fund Contribution Added to Fees				
24]	25	29		30	ii iu y		8. This corporation has liability for i		ak under No	s. 199.032,	
241	9. Name and Address of Curre	,	Agent	[30]			10. Name and Address of New Re		· · · · · · · · · · · · · · · · · · ·		\dashv
MER	RRIQUE, BERTINE J				81	Name	1		9		1
	NORTH EAST 2ND AVENUE										
	MI FL 33137			l	82	Street Add	lress (P.O. Box Number is Not Acceptab	16)			ł
******					83						7
									TasT 3		-
					84	City		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.05/ registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. St	uch change was	authorize	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of a the appo	changing intmont a	its registered s registered	
	Signature, lyped or printed name of registered ag				1 Age	ent signature regu	ired when reinstating)	DATE			١,
12.	OFFICERS AN	ID DIRECTOR		18.			ADDITIONS/CHANGES TO OFFICE				- {
TITLE	resident		DELETE	1.171				į] Change	Addition	1
NAME	Bertine Joseph M 43NE183 Terrace	erri que	•	1.2 N/							إ
	HALL STATE	11. 000	70			ADDRESS					l
CITY-ST-ZIP TITLE	N. Miami Beach, Flor		DELETE	2.1 Tr		I - ZiP	, , , , , , , , , , , , , , , , , , ,		Change	Addition	$\exists 8$
NAME	secretary-treas	urer		2.2 N/					_1 Orlango	L_J / NJOHOO!	
STREET ADDRESS	Gilda Jean-Louis 5922 Masterstre	سلوح				ADDRESS		• **			
CITY-ST-ZIP		19151				S1 - ZIP					
TITLE	THE PARTY OF THE P	731747	DELETE	3.1 11		· · ·			Change	Addition	1
NAME .				3.2 N/	AME						
STREET ADDRESS				3351	HEET	ADDRESS					Ì
CITY-ST-ZIP				3.4. C	ny-s	S1- <i>2</i> 1P					1
TITLE			DELÉTE	4.1 71	ILE			I	Change	Addition	7
NAME				4.2 N	AME	1					1
STREET ADDRESS				4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI	TY - S	I-7(P					1
TITLE			☐ DELETE	5.1 Tr	HE	. [L	Change	Addition	ļ
NAME				52 N/	ME						
STREET ADDRESS				1		ADDRESS					1
CITY-ST-ZIP			T ones			1-ZIP			<u> </u>	77 AD350-	
TITLE			☐ DELETE	6.1 11		}		L	Change	Addition	}
NAME				6.2 N/		10 upus					ļ
STREET ADORESS						ADDRESS					
CITY-ST-ZIP	by certify that the information europlic	nd with this file	no does not oue	6.4 CI			d in Section 119.07(3)(i), Florida Statute	s I further	certify the	at the	4
informatio	on indicated on this annual report or	supplemental r the receiver	annual report is or trustee empo	true and a wered to t	ICCL	rate and the	t my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made u	nder oath: tha	ıt