

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # F96000004265 (2)

1. Corporation Name

INTERACTION MEDIA CORPORATION



Principal Place of Business

1701 PONCE DE LEON BLVD., 2ND FL.
CORAL GABLES FL 33134

Mailing Address

1701 PONCE DE LEON BLVD., 2ND FL.
CORAL GABLES FL 33134-4416

3. Date Incorporated or Qualified

08/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0542810

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

KTG&S REGISTERED AGENT CORP.
100 SE 2ND ST.
28TH FL.
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DRESNER, JOSEPH S
STREET ADDRESS 1701 PONCE DE LEON BLVD., 2ND FL.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE CEO ☐ DELETE

NAME SOHENKER, HAROLD G
STREET ADDRESS 1701 PONCE DE LEON BLVD., 2ND FL.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DPT ☐ DELETE

NAME BURNSTINE, MICHAEL L
STREET ADDRESS 1701 PONCE DE LEON BLVD., 2ND FL.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME DRESNER, MILTON H
STREET ADDRESS 1701 PONCE DE LEON BLVD., 2ND FL.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V ☐ DELETE

NAME SOULT, JEFFREY M
STREET ADDRESS 1701 PONCE DE LEON BLVD., 2ND FL.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.