

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000079939 (3)

1. Corporation Name

INTERACTIVE ENTERTAINMENT COMPANY

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2720 CAROL WAY
5TH FLOOR
MIAMI FL 33145
US

Mailing Address

2720 CAROL WAY
5TH FLOOR
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0453630

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

*DIEZ *SANFAGO
*3191 *CORAL WAY
*3RD FL
*MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

David M. Stolar

82 Street Address (P.O. Box Number is Not Acceptable)

1350 Kane Concourse

83

84 City

Bay Harbor Islands

FL

85

Zip Code

33154

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

David M. Stolar

DAVID M. STOLAR (ESQUIRE)

5/9/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BAKULA, GUILLERMO

1525 CALAS DR

MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

RAMOS, JORGE

2720 CAROL WAY 5TH FLOOR

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

CONCEPCION, JORGE

2720 CAROL WAY, 5TH FLOOR

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2720 Coral Way, 5th FL
Miami, FL 33145

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

Remove as officer & director

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(2)(b), 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 omitted in Block 13 if removed.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

GUILLERMO BAKULA

5-10-95

DATE

(305) 442-2700

TELEPHONE NUMBER