

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079939 (3)

1. Corporation Name

INTERACTIVE ENTERTAINMENT COMPANY

Principal Place of Business

2720 CAROL WAY
5TH FLOOR
MIAMI FL 33145
US

Mailing Address

2720 CAROL WAY
5TH FLOOR
MIAMI FL 33145
US



3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
05/16/1995

4. FLEI Number
65-0453630

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

2a. Mailing Address

21 1080 N.W. 163rd Dr.

26 1080 N.W. 163rd Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33169

25 USA

29 33169

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOLAR, DAVID M
1350 KANE CONCOURSE
3RD FL
BAY HARBOR ISLANDS FL 33154

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 date (Applicable)

(Applicable) Signature of Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BAKULA, GUILLERMO
STREET ADDRESS 2720 CORAL WAY 5TH FLOOR
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE
NAME CONCEPCION, JORGE
STREET ADDRESS 2720 CAROL WAY, 5TH FLOOR
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 ☒ Change ☐ Addition
1.2 NAME Bakula, Guillermo
1.3 STREET ADDRESS 1080 N.W. 163rd Drive
1.4 CITY- ST- ZIP Miami, FL 33169

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Concepcion, Jorge
2.3 STREET ADDRESS 1080 N.W. 163rd Drive
2.4 CITY- ST- ZIP Miami, FL 33169

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

(305) 620-3600

CR2E034 (12/95)