FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088515 (0)**

1. Corporate Name

NEW WORLD INTERACTIVE, INC.

Principal Place of Business	Mailing Address
2334 NW 107TH AVE., SUITE 2M-47 MIAMI FL 33172	2334 NW 107TH AVE., SUITE 2M-47 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1993**

3a. Date of Last Report: **09/20/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **~~NOT APPLICABLE~~** 65-0473626	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired X	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / County	Zip / County	8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODKIND, BRIAN K 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33130	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 Section 607.1505, and 607.1506, 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

(Typed or printed name of registered agent and title if agent is corporation) (Registered agent's signature required for each address) (Date)

12. OFFICER(S) AND/OR DIRECTOR(S)	13. ADDITION(S), CHANGE(S) OR DELETION(S)
Title P Name HOMSANY, EZRA Street Address 2335 NW 107TH AVE City-St-Zip MIAMI FL 33172	☒ Change ☐ Addition Name HOMSANY EZRA
Title VST Name COHEN, ERZA Street Address 2335 NW 107TH AVE City-St-Zip MIAMI FL 33172	☒ Change ☐ Addition Name COHEN EZRA
Title D Name COHEN, MOISES Street Address PLAZA PAITILLA OFICINA NO. 61 City-St-Zip SANFRANCISCO PANAMA,	☐ Change ☐ Addition
Title D Name COOKLIN, GERALD Street Address PLAZA PAITILLA OFICINA NO. 61 City-St-Zip SANFRANCISCO PANAMA,	☐ Change ☐ Addition
Title D Name GALEA, JOHN Street Address 2335 NW 107TH AVE., SUITE 2M-47 City-St-Zip MIAMI FL 33172	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is complete, true and accurate and qualify for the exemption provided for in s. 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 above, or on an attachment with an address.

SIGNATURE: Ezra Homsany 4/25/95 (305) 599-1352

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186065 CP