FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000088515 (0)**

1. Corporation 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

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

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0473626** ☐ 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	26 2335 NW 107 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Box 111 Suite 2M47
City & State 23	City & State 28 Miami, Fl
Zip 24 / Country 25	Zip 29 33172 / Country 30

9. Name and Address of Current Registered Agent

GOODKIND, BRIAN K
2601 S BAYSHORE DR
SUITE 1600
MIAMI FL 33130

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOMSANY, EZRA		1.2 NAME	
STREET ADDRESS	2335 NW 107TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, EZRA		2.2 NAME	
STREET ADDRESS	2335 NW 107TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MOISES		3.2 NAME	
STREET ADDRESS	PLAZA PAITILLA OFICINA NO. 61		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFRANCISCO PANAMA,		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COOKLIN, GERALD		4.2 NAME	
STREET ADDRESS	PLAZA PAITILLA OFICINA NO. 61		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFRANCISCO PANAMA,		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GALEA, JOHN		5.2 NAME	300001828983
STREET ADDRESS	2335 NW 107TH AVE., SUITE 2M-47		5.3 STREET ADDRESS	-05/20/96--01037--037
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I/we 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: John A. Galea 4-30-96 599-1352

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