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

PROFIT CORPORATION ANNUAL REPORT 1999

'EW WORLD INTERACTIVE, INC.



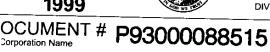
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90092 048 ***150.00



| | | | | |) (20/20) (20 /20/20) (20/20 (20/20) (20/20) (20/20) (20/20) (20/20) (20/20) (20/20) (20/20) (20/20) | | |
|---|--|-------------------|---------|----------------------|--|---|--|
| cipal Place of Business Mailing Address | | | | | | | |
| NW 25TH STREET | 7620 NW 25TH STREET | | | | ann ann ann ann ann ann indt nicht fild! Will (III) | | |
| \$ 4 & 5 | UNITS 4 & 5 | | | | | | |
| J FL 33122 | MIAMI FL 33122 | | | | DO NOT WELL WA | | |
| | | | | • | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | | | | | | |
| rincipal Place of Business | 2a. Mailing Address | <u> </u> | | | 12/29/1993 4. FEI Number | | |
| uite, Apt. #, etc. | 26 | | | * Ji relo | I - ADDIRED FOR | | |
| one, Apt. #, etc. | Suite, Apt. #, etc. | | | | 65-0473626 Not Applicable | | |
| ity & State | 27 | | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| ny di State | City & State | | | | Fee Required | | |
| | 28 | | | | 6. Election Campaign Financing \$5.00 May Be | ĺ | |
| | Country Zip | | Country | | Added to Fees | | |
| 25 | | 30 | | | This corporation owes the current year Intangible | i | |
| 9. Name and Add | ress of Current Registered Agent | 301 | | | Personal Property Tax. | ĺ | |
| | | | 81 | Name | 10. Name and Address of New Registered Agent | | |
| A Z REGISTERED AGEN | IT CORPORATION | - 1 | ۲., | Name | | | |
| 2601 S BAYSHORE DR | | [| 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| SUITE 1600 | | | _ | | - Tot Acceptable) | | |
| MIAMI FL 33130 | | i | 83 | | | | |
| | | h. | 84 | City | | | |
| irsuant to the provision - 4.0 | | | - 1 | • | 85 Zip Code | | |
| fice or registered agent, or both | tions 607.0502 and 607.1508, Florida Statutes, in the State of Florida, Such about | the abo | ove- | -named corpo | oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered | | |
| ent. I am familiar with, and acc | cept the obligations of, Section 607,0505, Florid | norized i | by ti | he corporatio | on's board of directors. I hereby accept the appointment as registered | | |
| TORE | | a Otatul | es. | | , and appointment as registered | | |
| Signature, typed or printed name | e of registered agent and title if applicable. (NOTE: Re | nistered A | ant a | Diamotus | when reinstating) | | |
| | OFFICERS AND DIRECTORS | 13. | 90/11 3 | signature required | | | |
| Ρ | ☐ DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| COHEN, EZRA | | 1.2 NAME | | | ☐ Change ☐ Addition | | |
| DDRESS 7620 N W 25TH ST | REET, UNITS 4 & 5 | | • | 1 | | | |
| MIAMI FL 33122 | | 1.3 STRE | ET AI | DORESS | | | |
| | ☐ DELETE | 1.4 CITY- | _ | ZIP | | | |
| | L.J DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition | | |
| DDRESS | | 2.2 NAME | | i | ☐ Change ☐ Addition ☐ | ٠ | |
| IP | | 2.3 STREET ADDRES | | DORESS | | | |
| ır | | 2. 4 CITY- | | - 1 | The second of th | | |
| | DCI ETC | 3.1 TITLE | | | <u>-</u> | | |
| | i | 3.2 NAME | | | ☐ Change ☐ Addition | | |
| DECC | | A-F I DANE | | 1 | I | | |

6.4 CITY-ST-ZIP by certify that the information supplied we ted on this annual report or supplements or director of the corporation or the rect 12 or Block 13 if changed, or on an area the this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 amount of the same legal effect as if made under oath; that I am an amount with a ladder with all other like empowered.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

☐ DELETE

DELETE

TURE

RESS

RESS

NAME OF SIGNING OFFICER OR DIRECTOR

305-599-1352

Change

☐ Change

Change

Addition

☐ Addition

☐ Addition