

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000038169 (6)**

1. Corporation Name

MERLIN INTERACTIVE SYSTEMS, INC.



Principal Place of Business

Mailing Address

**28870 US 19 NORTH STE. 300
CLEARWATER FL 34621**

**28870 US 19 NORTH STE. 300
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

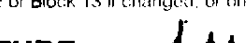
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3252067		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			
24 Country	29 Country	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARANCIBIA, MARIO 28870 US 19 NORTH #300 CLEARWATER FL 34621 33761		81 Name ARANCIBIA, MARIO		82 Street Address (P.O. Box Number is Not Acceptable) 28870 US 19 NORTH, STE 300	
		83		84 City CLEARWATER	
				FL 85 Zip Code 33761	

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  (CHANGE OF ZIP CODE ONLY) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	ELIASCHEV, JOSE R	1.2 NAME	JUAN USLAR (USLAR, JUAN)
STREET ADDRESS	28870 US 19 NORTH STE. 300	1.3 STREET ADDRESS	28870 US 19 N STE 300
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D ☐ DELETE	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ARANCIBIA, MARCELO	2.2 NAME	ARANCIBIA, MARCELO
STREET ADDRESS	28870 US 19 NORTH STE. 300	2.3 STREET ADDRESS	28870 US 19 N STE 300
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D ☐ DELETE	3.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ARANCIBIA, MAURO A	3.2 NAME	ARANCIBIA, MAURO
STREET ADDRESS	28870 US 19 NORTH STE. 300	3.3 STREET ADDRESS	28870 US 19 N STE 300
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D ☐ DELETE	4.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ARANCIBIA, MARIO A	4.2 NAME	ARANCIBIA, MARIO
STREET ADDRESS	28870 US 19 NORTH STE. 300	4.3 STREET ADDRESS	28870 US 19 N STE 300
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 if changed, or on an attachment with an address.

SIGNATURE  DATE **JUNE 9 1998 (03) 7968652**

CR2E034 (10/97)