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 # **P95000057831 (6)**

1. Corporation Name
WORLDWIDE INTERACTIVE, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

3. Date Incorporated or Qualified: **07/26/1995**
3a. Date of Last Report:

4. FEI Number: 65-0598305 — [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21 469 N.E. 207th Lane
Suite, Apt #, etc.
22 Suite 104
City & State
23 N.Miami Beach, Florida
Zip 24 33179 — Country 25 Dade

2a. Mailing Address
26 469 N.E. 207th Lane
Suite, Apt #, etc.
27 Suite 104
City & State
28 N.Miami Beach, Florida
Zip 29 33179 — Country 30 Dade

9. **Name and Address of Current Registered Agent**

[redacted]

10. **Name and Address of New Registered Agent**

81 Name: Nestor B. Gorfinkel
82 Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse, Suite 401
83 Bay Harbor Islands
84 City: Bay Harbor Islands — FL — 85 Zip Code: 33154-2029

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 ______ 7/5/96
Signature, Registered Agent ... Date

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SCHEMBRI, DAVID	
STREET ADDRESS	646 N FRENCH RD SUITE 1	
CITY-ST-ZIP	AMHERST NY	
TITLE	[redacted]	[ ] 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		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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)(x), 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: ______ 7/5/96 (305) 652-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David Schembri

CR2E034 (12/95)