## 2 49-97 B- 1291 - C, FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000030702 (0)

INTERATWORLD, INC.

Principal Place of B	usiness	Mailing Address				i theireat till thing distr date ditti gange	## (## såre) ##eli e#,	P11 65112 11 <b>61 1761</b>	
3900 NW 79TH AVE., SUITE 439 MIAMI FL 33166			3900 NW 78TH AVE., SUITE 439 MIAMI FL 33166-6548						
						3. Date Incorporated or Qualified 04/02/1996	3a. Date of U	ast Report	
2. Principal Place o	f Business	2a. Mailing Addr	ess			4. FEI Number	<u>'                                    </u>	Applied For	
1		26				65-0667533	ľ	Not Applicab	
Suite, Apt. #, etc		Suite, Apt. #,	etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State		City & State	***************************************			Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zip 4	Country 25	Zip 29	30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax ur	nder s. 199.032,	
	Name and Address of Cur					10. Name and Address of New Reg	lstered Agent		
STRALIS	ANDREW			81	Name				
	79TH AVE., SUITE 439					78.6.8.11.11.11.11.11.11.11.11			
MIAMI FL 33168				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
MINNI C	. 55100			83					
				[84]	City		FL 85	Zip Code	
11 Durguert to the	provisions of Castiagr 6077	0502 and 607 1509 Flori	da Statuton I	bo abovo	named core	poration submits this statement for the pr		ning its registers	
office or registr	red agent, or both, in the St	rate of Florida. Such char	ige was author	orized by	the corpora	tion's board of directors. I hereby accep	t the appointme	ent as registered	
agent. Lam fan	illiar with, and accept the ob	oligations of, Section 607.	.0505, Florida	i Statutes					
SIGNATURE		and the state of the state of the	ALCOUNT.						
Signat	are type for printed name or registered		(NOTE: Flo		nt signature requ	red when roinstating)	DATE		
Signar <b>12.</b>		AND DIRECTORS		13.	nt signature requ		DATE ERS AND DIRE	CTORS IN 12	
Segment 12.	OFFICERS			<b>13.</b> 1.1 TITLE	nt signature requ	red when roinstating)	DATE	CTORS IN 12	
Segrant  12.  TITLE D  NAME ST	OFFICERS  RAUS, ANDREW B	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME		red when roinstating)	DATE ERS AND DIRE	CTORS IN 12	
12. TITLE D NAME ST STREET ADDRESS 553	RAUS, ANDREW B 30 S. SHORE DRIVE, AP	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	red when roinstating)	DATE ERS AND DIRE	CTORS IN 12	
12.  TITLE D  NAME ST  STREET ADDRESS  CHY-S1-7-P CH	OFFICERS  RAUS, ANDREW B	AND DIRECTORS  DI  T. 13A	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - ST	ADDRESS	red when roinstating)	DAYE ERS AND DIRE	CTORS IN 12 Nange	
12.  TITLE D ST	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537	AND DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST 2.1 TITLE	ADDRESS	red when roinstating)	DATE ERS AND DIRE	CTORS IN 12 Nange	
12.  TIRLE D  NAME ST  STREET ADDRESS  CITY-S1-72  THLE D  NAME KL	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL	AND DIRECTORS  DI  T. 13A	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	ADDRESS [-Zip	red when roinstating)	DAYE ERS AND DIRE	CTORS IN 12 Nange	
12.  TITLE D  NAME STREET ADDRESS CHY-S1-7-P CH  TITLE D  NAME KL  STREET ADDRESS 39	OFFICERS  RAUS, ANDREW B  30 S. SHORE DRIVE, AP  IICAGO IL 60537  AINBAUM, SAMUEL  DO NW 79TH AVE., SUITI	AND DIRECTORS  DI  T. 13A	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST 2.1 TITLE	ADDRESS [-Zip	red when roinstating)	DAYE ERS AND DIRE	CTORS IN 12 Nange	
TITLE D NAME STEEL ADDRESS CHY-SI-7P CH THLE D NAME KL STREET ADDRESS 39 CHY-SI-7P ML	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL	AND DIRECTORS  T. 13A  DI  E 439	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	ADDRESS (-ZIP	red when roinstating)	DAYE ERS AND DIRE CI	CTORS IN 12 vange Addition	
TITLE D NAME STEEL ADDRESS CHY-SI-7P CH THLE D NAME KL STREET ADDRESS 39 CHY-SI-7P ML THLE D	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI	AND DIRECTORS  DI  T. 13A	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S' 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS (-ZIP	red when roinstating)	DAYE ERS AND DIRE	CTORS IN 12 vange Addition	
12.  TITLE D  NAME ST STREET ADDRESS CHY-SI-7P CH  THLE D  NAME KL  STREET ADDRESS 39 CHY-SI-7P ML  TITLE D  NAME BU	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI AMI FL 33166 ENO, ENRIQUE	AND DIRECTORS  T. 13A  DI  E 439	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS (-ZIP	red when roinstating)	DAYE ERS AND DIRE CI	CTORS IN 12 vange Addition	
TITLE D NAME ST STREET ADDRESS CITY-ST-7P CH NAME KL STREET ADDRESS CITY-ST-7IP ML TITLE D NAME BU STREET ADDRESS P.6	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI AMI FL 33166 ENO, ENRIQUE D. BOX 648	AND DIRECTORS  T. 13A  DI  E 439	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP	red when roinstating)	DAYE ERS AND DIRE CI	CTORS IN 12 vange Addition	
12.  TITLE D  NAME ST STREET ADDRESS 55: CHY-ST-72P CH  THLE D  NAME STREET ADDRESS 39 CITY-ST-71P ML  TITLE D  NAME BU  STREET ADDRESS P.C	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI AMI FL 33166 ENO, ENRIQUE	AND DIRECTORS  T. 13A  DI  E 439	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS (- ZIP  ADDRESS T- ZIP  ADDRESS	red when roinstating)	DAYE ERS AND DIRE CI	CTORS IN 12 vange Addition	
12.  TITLE D NAME ST STREET ADDRESS 55: CITY-ST-7P CH TITLE D NAME KL STREET ADDRESS 39 CITY-ST-7P ML TITLE D NAME BU STREET ADDRESS P.C CITY-ST-7P MC	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI AMI FL 33166 ENO, ENRIQUE D. BOX 648	AND DIRECTORS  T. 13A  DI  E 439	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS (- ZIP  ADDRESS T- ZIP  ADDRESS	red when roinstating)	DAYE ERS AND DIRE CI	CTORS IN 12  range Addition  hange Addition	
12.  TITLE D NAME ST STREET ADDRESS C-174-S1-73P ML TITLE D NAME BU STREET ADDRESS BU	OFFICERS RAUS, ANDREW B 30 S. SHORE DRIVE, AP IICAGO IL 60537 AINBAUM, SAMUEL DO NW 79TH AVE., SUITI AMI FL 33166 ENO, ENRIQUE D. BOX 648	AND DIRECTORS	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 CITY-S 3.7 CITY-S	ADDRESS (- ZIP  ADDRESS T- ZIP  ADDRESS	red when roinstating)	DAYE  ERS AND DIRE  CI  CI	CTORS IN 12  range Addition  hange Addition	

6.4 CITY - ST - ZIP 14. I do hereby certily 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 and cated 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 corperation 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 charplod, or on an attachment with an address.

4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

5.1 TITLE 5 2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - SY - ZIP

STREET ADDRESS

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Secretary of State

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Change

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Addition

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