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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90110 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000030702

1. Corporation Name  
INTERATWORLD, INC.

Principal Place of Business  
3900 NW 79TH AVE., SUITE 439  
MIAMI FL 33166

Mailing Address  
3900 NW 79TH AVE., SUITE 439  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

65-0667533

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 801 BRICKELL AVE

26 Suite, Apt. #, etc.

22 9th FLOOR

27 Suite, Apt. #, etc.

23 MIAMI, FLORIDA

28 City & State

24 33131

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

STRAUS, ANDREW  
3900 NW 79TH AVE., SUITE 439  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

STRAUS, ANDREW

82 Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL AVE

83

9th FLOOR

84 City

MIAMI

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STRAUS, ANDREW B  
STREET ADDRESS 5530 S. SHORE DRIVE, APT. 13A  
CITY-ST-ZIP CHICAGO IL 60537

DELETE

TITLE D  
NAME KLAINBAUM, SAMUEL  
STREET ADDRESS 3900 NW 79TH AVE., SUITE 439  
CITY-ST-ZIP MIAMI FL 33166

DELETE

TITLE D  
NAME BUENO, ENRIQUE  
STREET ADDRESS 3315 EAST HILL ROAD  
CITY-ST-ZIP MIDDLESEX VT 05602

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/99

(305) 789-6666

Date

Daytime Phone #

CR2E034 (11/98)