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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000095548 (9)

1. Corporation Name  
NUMINA INTERACTIVE, INC.



Principal Place of Business  
4107 LAGUNA STREET  
CORAL GABLES FL 33146

Mailing Address  
4107 LAGUNA STREET  
CORAL GABLES FL 33146-1408

3. Date Incorporated or Qualified  
11/21/1996

3a. Date of Last Report

4. FEI Number  
Pending

4. Applied For  
☒ 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 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GRAY, DAVID  
4107 LAGUNA STREET  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

B1 Name  
Ted Evangelakis

B2 Street Address (P.O. Box Number is Not Acceptable)  
4107 Laguna St.

B3

B4 City  
Coral Gables

B5 Zip Code  
FL 33146

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  
Ted Evangelakis

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

(NOTE: Registered Agent signature required when reinstating)

Ted Evangelakis, Treasurer

DATE  
4/18/97

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GRAY, DAVID	
STREET ADDRESS	4107 LAGUNA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	DELETE
NAME	CHIMELIS, RICHARD	
STREET ADDRESS	4107 LAGUNA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	DELETE
NAME	EVANGELAKIS, TED	
STREET ADDRESS	4107 LAGUNA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	DELETE
NAME	SPENCE, GLENN	
STREET ADDRESS	4107 LAGUNA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	DELETE
NAME	CURRAN, ELIZABETH	
STREET ADDRESS	4107 LAGUNA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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 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: Ted Evangelakis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 305/442-8060

Daytime Phone #

CR2E034 (9/96)