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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **523647**

1. Corporation Name
WORLD PRINTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5858 SW 68TH ST
 S MIAMI FL 33143
 US

Mailing Address
 5858 SW 68TH ST
 S MIAMI FL 33143
 US

3. Date Incorporated or Qualified
01/06/1977

4. FEI Number
59-1709708

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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
HO SANG, ZONA
12988 S.W. 89TH AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name **ZONA HO SANG**
 82 Street Address (P.O. Box Number is Not Acceptable)
5858 S.W. 68th Street
 83
 84 City **MIAMI** FL 85 Zip Code **33143**

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 _____ DATE **1/11/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HO SANG, WAYNE	
STREET ADDRESS	12988 S.W. 89TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HO SANG, ZONA	
STREET ADDRESS	12988 S.W. 89TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HO SANG, ZONA	
STREET ADDRESS	12988 S.W. 89TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAIRMAN OF THE BOARD
1.3 STREET ADDRESS	WAYNE HOSANG
1.4 CITY-ST-ZIP	5858 S.W. 68th Street
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	ZONA HO SANG
2.4 CITY-ST-ZIP	5858 S.W. 68th Street
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY/Treasurer
3.3 STREET ADDRESS	ZONA HO SANG
3.4 CITY-ST-ZIP	5858 S.W. 68th Street
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT
4.3 STREET ADDRESS	NATALIE HEW
4.4 CITY-ST-ZIP	5858 S.W. 68th Street
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEE ANN ELZEY
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VICE PRESIDENT
6.3 STREET ADDRESS	SUE ANN ELZEY
6.4 CITY-ST-ZIP	5858 S.W. 68th Street

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: _____ DATE **1/11/99** DAYTIME PHONE # **305-661-2224**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)