## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 661673

(4)

## INTEGRATED WORLD ENTERPRISES,INC.

Principal Place	of Business	Mailing Address	·				
8350 NW 66TH STREET MIAMI FL 33166		8350 NW 66TH STREET MIAMI FL 33166-2625					
					<ol> <li>Date Incorporated or Qualified 04/07/1980</li> </ol>	3a. Date of Last F 01/23/1996	Report
2. Principal Pl	2a. Mailing Address	g Address		4. FEI Number	·	pplied For	
21	,	26			59-2013454		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			\$8.75	Additional
22 27		27			5. Certificate of Status Desired	Fee R	Required
City & State City & State					6. Election Campaign Financing		) Мау Ве
23		28		Trust Fund Contribution		lo Fees	
Zip <b>24</b>	Country Zip 25 29		Country 30		<ol> <li>This corporation has liability for intangible tax under s. 199.032, Florida Statutes</li> <li>Yes</li> <li>No</li> </ol>		
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New R	egistered Agent	
MOI	reira, martin r		81	Name			
9231 S.W. 101 AVE. MIAMI FL 33176			82	Street	Address (P.O. Box Number is Not Accepta	ble)	
MIM	MI FL 33170		83	<del> </del>			
			84	City	<u> </u>	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	ites the show	e-named	corporation submits this statement for the	<u> </u>	its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the con	poration's board of directors. I hereby acce	pt the appointment as	s registered
-	m lamiliar with, and accept the obliga	ations of, Section 607,0000, n	ioricia Statute	15.			
SIGNATURE	Stgnarize hyped or printed name of registered age	or and title if applicable. (NC	TE Registered Ac	jent signature	e required when reinstating)	DATE	
12.	OFFICERS AND	ND DIRECTORS			ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETE	1.1 TITLE		VPD	Change	. X Addition
NAME	Moreira, Martin R Sr		1.2 NAME		MOREIRA, CESAR		
STREET ADDRESS	9231 S. W. 101 AVE.		1.3 STREE	T ADDRESS	9221 S.W. 101 AVENUE		
CITY+S1+ZIP	MIAMI FL		1.4 CITY	ST-ZIP	MIAMI.FL. 33176		
TRIE	TD	DELETE	2.1 TITLE			Change Change	Addition
NAME	SERRANO, ELBA		2.2 NAME				
STREET ADDRESS	17421 N.W. 7 STREET		2.3 \$TREE	T ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		2 4 CITY	ST-ZIP			
TITLE	SD	☐ DELETE	3 1 TITLE			Change	Addition
NAME	MOREIRA, TERESA		32 NAME				
STREET ADDRESS	9231 S.W. 101 AVE.		33 STREE	T ADDRESS			
CITY - \$1 - 712	MIAMI FL		3.4. CITY			<u> </u>	F 1 4 4 7 7 7
THLE	VPD	☐ DELETE	41 TITLE			L Change	Addition
NAME	MOREIRA, MARTIN R JR.		4 2 NAME				
STREET ADDRESS	1456 HERITAGE ROAD		4.3 STREE	T ADDRESS			
CITY-ST-7-P	GAINESVILLE GA	De pereze	4.4 CITY-	<del></del>		[ ] O	1.225:
TITLE	VPD	DELETE.	51 TITLE			Change	Addition
NAME	MOREIRA, MARTIN J		5.2 NAME				
STREET ADORESS	1450 HERITAGE ROAD			T ADDRESS			
CITY-ST-ZIF	GAINESVILLE GA	□ Dr(ETF	5.4 CITY-			T Chres	Addies
TITLE	SD	☐ DELETE	6.1 TITLE			Change	Addition
NAME	MOREIRA, GLORIA		6.2 NAME				
STREET ADORESS	9231 SW 101 AVE.		6.3 STREE	T ADDRESS	1		

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 of Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST-ZIP

SIGNATURE:

AND TYPED DA PRINTED NAME OF SIGNING OF FICER OR DIRECTOR DIRECTOR