

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002891 (9)**

1. Corporation Name

**WORLDWIDE TRAVEL SERVICE LIMITED INC.**



Principal Place of Business

Mailing Address

**W 1/2 85 QUAMINA STREET  
SOUTH CUMMINGSBURG  
GEORGETOWN GU 33181  
US**

**1651 NE 115TH STREET  
UNIT 12C  
MIAMI FL 33181  
US**

3. Date Incorporated or Qualified <b>06/02/1994</b>	3a. Date of Last Report <b>07/31/1995</b>
4. FEI Number <b>65-0491221</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>W 1/2 85 QUAMINA STREET</b>	26
22 <b>SOUTH CUMMINGSBURG</b>	27
23 <b>GEORGETOWN</b>	28
24 <b>GU</b>	25 <b>GUYANA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, JUNE MARIE  
1651 NE 115TH ST., UNIT 12C  
MIAMI FL 33181**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 officer 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 of the Officer or Director (Typed or Printed Name)

Signature of the Registered Agent (Typed or Printed Name)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDES, BERNARD A JR.</b>	1.2 NAME	
STREET ADDRESS	<b>60 OLEANDER GARDENS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREATER GEORGETOWN, GUANA</b>	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDES, ANITA</b>	2.2 NAME	
STREET ADDRESS	<b>60 OLEANDER GARDENS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREATER GEORGETOWN, GUANA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 applicable) on an attachment with an address.

SIGNATURE:

*Bernard A. Fernandes Jr*  
**BERNARD A. FERNANDES JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 27 1996** 011 592 2 73347  
Date Time Place #

CR2E034 (12/95)