

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # **H15932** (7)

1. Corporation Name

ONE WORLD, INC.

Principal Place of Business

Mailing Address

**10620 NW 27 ST
MIAMI FL 33172-2166
US**

**10620 NW 27 ST
MIAMI FL 33172-2166
US**

2. Principal Place of Business

2a. Mailing Address

21 100 S.E. 2ND ST, SUITE 4250

26 100 S.E. 2ND ST, SUITE 4250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 4250

27 SUITE 4250

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

**SAATI, GEORGES
10620 NW 27 ST
MIAMI FL 33172-6216**

10. Name and Address of New Registered Agent

81 Name

SAATI, GINA

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

100 S.E. 2ND STREET SUITE 4250

83

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

Gina Saati

GINA SAATI ACTING PRESIDENT

08/07/96

Signature type: 1 for printed name of registered agent and client applicable

(NOTE: Registered Agent signature required when not applicable)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE **PT** ☐ DELETE

NAME **SAATI, ANTOINE**
STREET ADDRESS **10620 NW 27 ST**
CITY - ST - ZIP **MIAMI FL**

1.2 TITLE **V** ☐ DELETE

NAME **DEEB, EDDY**
STREET ADDRESS **10620 NW 27 ST**
CITY - ST - ZIP **MIAMI FL**

1.3 TITLE **AEO** ☒ DELETE

NAME **CORBETT, MAUREEN**
STREET ADDRESS **10620 NW 27 ST**
CITY - ST - ZIP **MIAMI FL**

1.4 TITLE **VS** ☐ DELETE

NAME **SAATI, GEORGES**
STREET ADDRESS **10620 NW 27 ST**
CITY - ST - ZIP **MIAMI FL**

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☐ Addition

NAME **SAATI, ANTOINE**
STREET ADDRESS **100 S.E. 2ND ST, SUITE 4250**
CITY - ST - ZIP **MIAMI FL**

1.2 TITLE **V** ☒ Change ☐ Addition

NAME **DEEB, EDDY**
STREET ADDRESS **100 S.E. 2ND ST, SUITE 4250**
CITY - ST - ZIP **MIAMI FL**

1.3 TITLE **ACTING PRESIDENT** ☐ Change ☒ Addition

NAME **SAATI, GINA**
STREET ADDRESS **100 S.E. 2ND ST, SUITE 4250**
CITY - ST - ZIP **MIAMI, FL**

1.4 TITLE **VS** ☒ Change ☐ Addition

NAME **SAATI, GEORGES**
STREET ADDRESS **100 S.E. 2ND ST, SUITE 4250**
CITY - ST - ZIP **MIAMI, FL**

1.5 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

1.6 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gina Saati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GINA SAATI ACTING PRESIDENT

08/07/96

577-8889

CR2E034 (3/96)