FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M44103 (3)WORLD PIONERS CORP. Principal Place of Business Mailing Address 10110 S. W. 117 CT. 10110 S. W. 117 CT. MIAMI FL 33186 MIAMI FL 33186 3a. Date of Last Report 3. Date Incorporated or Qualified 12/31/1986 01/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2751456 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Cily & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name GONZALEZ, CALIXTO Street Address (P.O. Box Number is Not Acceptable) 82 1063 N. KENDALL DRIVE, STE. 7-H 83 **MIAMI FL 33176** 84 City 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Flogistered Agont signature regains DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 Dise PSD ☐ Change ☐ Addition NAME THOMPSON, EDUARDO S. 1.2 NAME STREET ADDRESS. 10110 S.W. 117 CT. 1.3 STHEET ADDRESS MIAMI FL CITY-ST-ZIP 14 CiTY - \$1 - ZiP TITLE DELETE 2 1 117LE neitibbA [NAME SOLORZANO, CARLOTA 2.2 NAME STREET ADDRESS 10110 S.W. 117 CT. 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 2 4 CITY - ST - ZIP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP THE DELETE 5.3 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4.0/TY+ST+Z:P TITLE □ DELETE 6 1 T:TLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 changed, or on an attachment with an address. SIGNATURE: Eduardo Solór Edixo-Thomason SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 96

(12/95)

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