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

CORPORATION ANNUAL REPORT



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

1996

P93000063191 (9) **DOCUMENT #**

WORLD EXECU-LOCATORS, INC.

Principal Place of Business Mailing Address 1508 NE 105 ST 1508 NE 105 ST SUITE 100 SUITE 100 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138						
WITH GRO	TESTE STOO	MIRMI SHORES	FL 53136	3. Date incorporated or Qualified 09/10/1993	Oualified 3a. Date of Last Report 01/17/1995	
2. Principal Place of Business		2a. Mailing Addre	SS	4. FEI Number	Applied For	
21		26		65-0434927	Not Applicable	
22	Suite, Apt. #, etc.		etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Gountry 30	8. This corporation has liability for i Florida Statutes 💢 Yes		
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered Agent		
343 AL	AW FIRM LAWRENCE J SPIEG MERIA AVE . GABLES FL 33134	SEL, CHARTERED	81 Name82 Street A83	ddress (P.O. Box Number is Not Acceptabl	lo)	

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

84 City

	Signature, typed or printed name of registered agent and title if applicable	(NOIE E	Rigistered Agent's gnature in	espesitivnen ren Stoji DAT:	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	IORS IN 12
TITLF	1	DELFIE	1. 1 Tallet	☐ Chang	e 🔲 Addition
NAME	GOULDEN, TERRY		1.2 NAME		
STREET ADDRESS	1508 NE 105 STR		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI SHORES FL.		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 THE	Change	Addition
NAME	GOULDEN, H E		2.2 NAME		_
STREET ADDRESS	1508 NE 105 STR		23 STREET ADDRESS		
CITY - ST - ZIP	MIAMI SHORES FL		2.4 CITY - S1 - ZIE		
TITLE] DELETE	3 1 7 ITLE	Change	Addition
NAME			32 NAME		_
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CHTY - ST - ZIP		
TITLE]	DELETE	4 1 11JLF	☐ Change	Addition
NAME			4.2 NAME		
STHEE! ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY SI-ZIE		
TITLE		DELETE	5 1 TITLE	Change	Add tion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-7IP		
TOTALE		DELETE	6 1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/10/96 (305)895-1032