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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000092132 (5)

1. Corporation Name
WORLD WELLNESS, INC.



Principal Place of Business: 11350 66TH ST N, SUITE 109, LARGO FL 34643
 Mailing Address: 11350 66TH ST N, SUITE 109, LARGO FL 33773-5524

3. Date Incorporated or Qualified: 11/01/1996
 3a. Date of Last Report: [Blank]
 4. FEI Number: 59-3416410
 Applied For: [Blank] / Not Applicable
 5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: [Blank]
 2a. Mailing Address: [Blank]
 21. Suite, Apt. #, etc.: [Blank]
 26. Suite, Apt. #, etc.: [Blank]
 22. City & State: [Blank]
 27. City & State: [Blank]
 23. Zip: [Blank] Country: [Blank]
 28. Zip: [Blank] Country: [Blank]
 24. Zip: [Blank] Country: [Blank]
 25. Zip: [Blank] Country: [Blank]
 29. Zip: [Blank] Country: [Blank]
 30. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
GARCIA, CARLOS M
11350 66TH ST N
SUITE 109
LARGO FL 34643

10. Name and Address of New Registered Agent
 81 Name: [Blank]
 82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83 [Blank]
 84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS
 1. TITLE: D [] DELETE
 2. NAME: GARCIA, CARLOS M
 3. STREET ADDRESS: 11350 66TH ST N SUITE 109
 4. CITY-ST-ZIP: LARGO FL 34643
 5. TITLE: [] DELETE
 6. NAME: [Blank]
 7. STREET ADDRESS: [Blank]
 8. CITY-ST-ZIP: [Blank]
 9. TITLE: [] DELETE
 10. NAME: [Blank]
 11. STREET ADDRESS: [Blank]
 12. CITY-ST-ZIP: [Blank]
 13. TITLE: [] DELETE
 14. NAME: [Blank]
 15. STREET ADDRESS: [Blank]
 16. CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: [] Change [] Addition
 1.2 NAME: [Blank]
 1.3 STREET ADDRESS: [Blank]
 1.4 CITY-ST-ZIP: [Blank]
 2.1 TITLE: [] Change [] Addition
 2.2 NAME: [Blank]
 2.3 STREET ADDRESS: [Blank]
 2.4 CITY-ST-ZIP: [Blank]
 3.1 TITLE: [] Change [] Addition
 3.2 NAME: [Blank]
 3.3 STREET ADDRESS: [Blank]
 3.4 CITY-ST-ZIP: [Blank]
 4.1 TITLE: [] Change [] Addition
 4.2 NAME: [Blank]
 4.3 STREET ADDRESS: [Blank]
 4.4 CITY-ST-ZIP: [Blank]
 5.1 TITLE: [] Change [] Addition
 5.2 NAME: [Blank]
 5.3 STREET ADDRESS: [Blank]
 5.4 CITY-ST-ZIP: [Blank]
 6.1 TITLE: [] Change [] Addition
 6.2 NAME: [Blank]
 6.3 STREET ADDRESS: [Blank]
 6.4 CITY-ST-ZIP: [Blank]

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

SIGNATURE: [Signature] 4-17-97 813-546-7813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)