

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jul 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000031665 (7)**  
 1. Corporation Name  
**WORDSWORTH LEASING, INC.**



Principal Place of Business: **601 BRICKELL KEY DR SUITE 805 MIAMI FL 33131**  
 Mailing Address: **601 BRICKELL KEY DR SUITE 805 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **501 Brickell Key Dr Suite 602 Miami, Florida 33131 USA**

3. Date Incorporated or Qualified: **04/08/1997**  
 4. FEI Number: **65-0844360**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**ALLEN & GALEGO**  
**601 BRICKELL KEY DR SUITE 805 MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name: **Vestec International Corporation**  
 82 Street Address (P.O. Box Number is Not Acceptable): **501 Brickell Key Drive**  
 83 **Suite 602**  
 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, 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]* **Rafael Diaz-Balart, President**  
 (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D/P</b>
1.3 STREET ADDRESS	<b>Rafael Diaz-Balart</b>
1.4 CITY-ST-ZIP	<b>501 Brickell Key Drive, #602 Miami, Florida 33131</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002581625</b>
6.3 STREET ADDRESS	<b>-07/07/98--01063--034</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

14. I 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.  
*[Signature]* **Rafael Diaz-Balart / Director 4/30/98 305 358-8900**

CR2E034 (10/97)