

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** V48625  
1. Corporation Name  
**PHOENIX ALLWORLD LTD. SERVICES CORPORATION**

Principal Place of Business  
**13500 SW 14 PLACE  
DAVIE, FL 33325**

Mailing Address  
**13500 SW 14 PLACE  
DAVIE, FL 33325**

2. Principal Place of Business  
21 **13500 SW 14 PLACE**  
Suite, Apt. #, etc.

22 City & State  
23 **DAVIE, FL**

24 Zip **33325** 25 Country **USA**  
26 Mailing Address  
27 **13500 SW 14 PLACE**  
Suite, Apt. #, etc.

28 City & State  
29 **DAVIE, FL**  
30 Zip **33325** Country **USA**

3. Date Incorporated or Qualified **7-8-92** 3a. Date of Last Report **5/95**

4. FEI Number **65-0343849** Applied For 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

9. Name and Address of Current Registered Agent  
**SANFORD FREEDMAN  
11900 BISCAYNE BLVD.  
NORTH MIAMI, FL 33181**

10. Name and Address of New Registered Agent  
81 Name **DIANA RIZZO**  
82 Street Address (P.O. Box Number is Not Acceptable) **13500 SW 14 PLACE**  
83  
84 City **DAVIE** FL 85 Zip Code **33325**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Diana Rizzo, President* **DIANA RIZZO, PRESIDENT** DATE **4-15-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>DIANA RIZZO</b>
CITY - ST - ZIP	<b>13500 SW 14 PLACE</b>
	<b>DAVIE, FL 33325</b>
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	<b>100001788081</b>
43 STREET ADDRESS	<b>-04/22/96--01019--009</b>
44 CITY - ST - ZIP	<b>***200.00</b>
45 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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: *Diana Rizzo* **DIANA RIZZO** DATE **4-15-96** (954) 370-1331

CR2E034 (12/95)