


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90149 035 ***150.00

11/18/98

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025584

1. Corporation Name
THOAWORLD, INC.



Principal Place of Business 701 BRICKELL KEY BLVD. #2506 MIAMI FL 33133	Mailing Address 701 BRICKELL KEY BLVD. #2506 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 26-11 Ponce de Leon Suite, Apt. #, etc.	2a. Mailing Address 2611 26 Ponce de Leon Blvd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/17/1998	4. FEI Number 65-0827158	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Coral Gables, FL.	27 City & State 28 Coral Gables FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip 33134 25 Country Dade	29 Zip 33134 30 Country Dade	9. Name and Address of Current Registered Agent		

9. Name and Address of Current Registered Agent FINK, BRIAN L ESQ. 1700 ALFRED I. DUPONT BUILDING 169 EAST FLAGLER STREET MIAMI FL 33131		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FINK, THOA	1.2 NAME
STREET ADDRESS	701 BRICKELL KEY BLVD. #2506	1.3 STREET ADDRESS 440 Giralda Ave.
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP Coral Gables, FL. 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST FINK, THOA	2.2 NAME
STREET ADDRESS	701 BRICKELL KEY BLVD. #2506	2.3 STREET ADDRESS 440 Giralda Ave.
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/1/99** **305-442-9671**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)