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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90187 045 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000081720**

1. Corporation Name  
**AMERICAN WORLD CORP.**



Principal Place of Business  
**8840 CARIBBEAN BLVD MIAMI FL 33157**

Mailing Address  
**8840 CARIBBEAN BLVD MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 8860 SW 183 Terrace**  
 Suite, Apt. #, etc.

2a. Mailing Address  
**26 8860 SW 183 Terrace**  
 Suite, Apt. #, etc.

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

24 Zip **33157** 25 Country

27 City & State  
**28 Miami, FL**

29 Zip **33157** 30 Country

3. Date Incorporated or Qualified  
**09/22/1997**

4. FEI Number  
**65-0784172** 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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JACQUELINE**  
**14605 SW 174 TERR**  
**MIAMI FL 33177**

81 Name  
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD REY DEL CASTILLO, ENRIQUE**  
 STREET ADDRESS **8840 CARIBBEAN BLVD**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  DELETE  
 NAME **STD REY DEL CASTILLO, MARIA**  
 STREET ADDRESS **8840 CARIBBEAN BLVD**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

*Enrique Rey del Castillo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Date

305 971 7637

Daytime Phone #

CR2E034 (11/98)