2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

DOCUMENT #

1. Entity Name

P02000012587

FILED Jul 15, 2003 8:00 am Secretary of State 4/2

04-28-2003 90956 014 ***150.00

WORLDWIDE EXPORTS MANAGEMENT INC.																
Principal Place of Business 156 GIRALDA AVENUE			15	Mailing Address 156 GIRALDA AVENUE				,25021560								
CORAL GABLE	ES FL 33134		CC	ORAL GABLES FL 3313	34	•	ł									
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2. Principal Place of Business			3. 1	3. Malling Address							··					
Suite, Apt.	#, etc.			Suite, Apt. #, etc.								AKING	S CHANGI	ES		
City & State				City & State				4. F	4. FEI Number 04-3642999.						ed For oplicable	-
Zip Country				Zip	ntry	5. Certificate of Status Desired					\$8.75 / Fee Requ	Additio	nai	7		
	6. Name	and Address of	Current Regist	ered Agent	<u> </u>			7. N	eme and Addr	as of Ne	w Regis	stered	Agent]
						Name	<u> </u>	د جب		-				· :		₌┟
BACA, ROSARIO 156 GIRALDA AVENUE						Street A	Street Address (P.O. Box Number is Not Acceptable)									
CORAL G/	ABLES FL 3	3134								-						1
(·						City						FL	Zip C	ode		1
	named entity tions of registr		atement for the p	urpose of changing it	s register	ed office or	registere	d age	nt, or both, in th	e State o	Florida	, Iam	familiar wit	ih, and	daccept	1
SIGNATURE .	Signature, typed o	or printed name of regi	stered agent and title if	eppicable (NO	TE: Registere	od Agent signati	M required in	whith pair	netalung)		·	DATE			_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floride Department of State						,			9. Election (Trust Fun			ing		.00 A	May Be Fees	
10.		OFFICE	RS AND DIREC	TORS	11.				ITIONS/CHAN				DIRECTO	RS IN	1,11	j.
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NAME: STREET ADDRESS**	156 Gualda are				NAM STRE	EET ADDRESS	15	5/2	Mindela	00	سالا					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trystee empowered to execute this report as required by Chapter 507. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE SEQUING OFFICER OR DIRECTOR

Daytime Phone #