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

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90080 015 ***150.00

	1333					05-10-1222 20000 013	150.00	,
DOCUM 1. Corporation	MENT # 234441		_					
	R WORLD, INC.							
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Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
339 MIRACLE MILE 339 MIRACLE MILE					Ì			
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134				DO NOT WRITE IN THIS	SPACE	
					Ī	3. Date Incorporated or Qualifed		
						03/17/1960	.	
	lace of Business	2a. Mailing Address				4. FEI Number	, 	plied For t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u>59-0910139</u>	\$8.75 A	
22 27					-	5. Certifcate of Status Desired	Fee Re	1
City & State	e	City & State		 		6. Election Campaign Financing	\$5.00	May Be
23		28	_			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		Ì	8. This corporation owes the current year Int		□No
24	9. Name and Address of Current	29 30	0		1	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name		10. Hame and Padreds of New Registrates		
MON	ICARZ, MICHAEL H		82	Chant A		AAC MONCARZ ss (P.O. Box Number is Not Acceptable)		
339 MIRACLE MILE			82	Street A		9 MTRACLE MILE		
CORAL GABLES FL 33134			83				•	
			84	City			85 Zip C	Code
					COI	RAL GABLES FL	- 33	134
office or n	egistered agent, or both, in the State o	if Florida. Such change was auth	norized by	the corpor	corporation'	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoi	changing its ntment as rec	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	,		, , ,		
SIGNATURE	Signature, typed or printed name of registered agent	TENTE IS	AAC_N	ONCA	RZ	when reinstating) DATE		
12.	OFFICERS AND		13.	it signature re-	quii eu	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PSD		1.1 TITLE	1.1 TITLE PD			Change Change	Addition
NAME	MONCARZ, MICHAEL H		1.2 NAME			AAC MONCARZ		
STREET ADDRESS			1 3 STREET	l l		9 MIRACLE MILE		ļ
CITY-ST-ZIP				1.4 CITY-ST-ZIP CO		RAL GABLES, FL 33134		ATEL A 1 Prins
TITLE		☐ DELETE 2.1 T			SD		Change	☆ Addition
NAME			2.2 NAME	Ter		resa Moncarz		
STREET ADDRESS						9 MIRACLE MILE		Ì
CITY-ST-ZIP			3.1 TITLE	il-ZIP	-C01	RAL GABLES, FL 33134	Change	Addition
NAME			3.2 NAME	}			_	
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
TITLE	1	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		C BELETE	4.4 CITY-S	T-ZIP			. Cl Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				Change	☐ Augilion
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-S				÷	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-		•	☐ Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS				
COD 1 CT (\$10)			6.4 CITY-S	T-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Daytime Phone #