

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 329450
Corporation Name

WORLD TRADING CORP

Principal Place of Business

Mailing Address

584 NW 27TH ST
MIAMI FL 33127

584 NW 27TH ST
MIAMI FL 33127

3. Date Incorporated or Qualified
04/30/68

3a. Date of Last Report

4. FEI Number
59-1209272

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

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHAR, MOISES
625 FAIRWAY DR
MIAMI BEACH FL 33141

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 registering)

DATE

OFFICERS AND DIRECTORS

13.

ADMINISTRATIVE INFORMATION

NAME
P
BEHAR, MOISES
STREET ADDRESS
625 FAIRWAY DE
CITY-STATE-ZIP
MIAMI BEACH FL 33141
NAME
V
BEHAR, C
STREET ADDRESS
625 FAIRWAY DR
CITY-STATE-ZIP
MIAMI BEACH FL 33141
NAME
S
BEHAR, S
STREET ADDRESS
625 FAIRWAY DR
CITY-STATE-ZIP
MIAMI BEACH FL 33141
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2. 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3. 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4. 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5. 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6. 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

100001808-181

05/06/96-01022-008

***200.00

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name