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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 565853



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 024 ***158.75

WORLD	DEVELOPMENT CORPOR	RATION									
Principal Place of Business Mailing Address									BEBEN BUBN BUBN (NINI BIDII INGI	
8190 SW 78 STREET P.O. BOX 430065											
STE 100 MIAMI FL 33243-0065						÷			• C CDACE	•	
MIAMI FL 33143 . US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				1
US							02/03/1978				
Principal Place of Business 2a. Mailing Address							4. FEI Number		Ar	plied For	1
_						NOT APPLICABLE			ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<u> </u>		Additional	1
22 27							5. Certificate of Status Desired	X	Fee Re	equired	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be]	
23	•	28	28				Trust Fund Contribution Added to Fees			to Fees	
Zip	Country	Zi	Zip Cou				8. This corporation owes the current year Intangible		SAF		
24	25 29 30			30			Personal Property Tax.		☐Yes	X No	-
	9. Name and Address of Cu	rrent Register	ed Agent		1		10. Name and Address of New F	tegister <u>e</u>	Agent		┨
ACK	ADL MOUAEL				81	Name					
ASKARI, MICHAEL 8190 SW 78TH ST					82	Street Add	ress (P.O. Box Number is Not Accepta	able)			}
SUITE 100					_		- Walter Inc.				┨
	MI FL 33143				83						
IANT	MIL 20140			ŀ	84	City		F	85 Zip	Code	1
			4500 51 11- Ot-1-	1 1						registered	-
11. Pursuant office or r agent. I a	to the provisions of Sections 607, registered agent, or both, in the St rm familiar with, and accept the ob-	0502 and 607. ate of Florida. ligations of, Se	Such change was a ection 607.0505, Flo	ies, the ac luthorized orida Statu	by t tes.	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	t the app	ointment as re	gistered	ŀ
SIGNATURE								DATE			1
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-				Agent	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	DRS IN 12	13
12.	PDM				LΕ	$ \top$	ADDITIONS/CITATOES TO OF	, IOLITO	☐ Change	☐ Addition	1:
NAME	ASKARI, MICHAEL			1.2 NAME							
STREET ADDRESS	8190 SW 78TH ST				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33143		1.4 C								
TITLE			☐ DELETE	2.1 TITLE			111111111111		Change	☐ Addition] (
NAME			2.2 NA	2.2 NAME					•	}	
STREET ADDRESS				2.3 STF	2.3 STREET ADDRESS					-	
CITY-ST-ZIP				2.4 CI	2. 4 CITY-ST-ZIP			_			
TITLE			3.1 TIT	3.1 TITLE				☐ Change	☐ Addition		
NAME				3.2 NA	ME						i
STREET ADDRESS				3.3 STI	REET	ADDRESS					1
CITY-ST-ZIP	A MARANTA ARA ARA ARA			3.4. CI	Y-S	T-ZIP					1
TITLE	VP	P DELETE 4.11		4.1 717	4.1 TITLE		_		Change	☐ Addition	1
NAME	2 41120110, 011 11		4. 2 NA	ME							
STREET ADDRESS			4.3 STI	REET	ADDRESS			-		<u>. </u> =	
CITY-ST-ZIP			4.4 CIT		r-zip					\perp	
TITLE				5.1 TITLE		,		☐ Change	☐ Addition		
NAME	HAMBONG, BONOTHI A			5.2 NAME 5.3 STREET ADDRESS							
STREET ADDRESS	1 ' '					ŀ					
CITY-ST-ZIP	MIAMI FL 33143			5.4 CIT		r-ZIP					4
TITLE	VP		☐ DELETE	6.1 TIT					☐ Change	Addition	
NAME	HAMBURG, JR W KIND			6.2 NA							
STREET ADDRESS	8190 SW 78TH ST			6.3 ST	KEET	ADDRESS					

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 131 changed, or pn an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MIAMI FL 33143