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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

565979 DOCUMENT #

(2)

Suite, Apt. #, etc.  22  City & State Trust Fund Contribution Added to Fees City & Country City & Count	WORLD TRADEBANK LTD. CORPORATION										
SURE, Apt. #. etc.   Sulle, Apt. #. etc.   S	Principal Place	of Business	Mailing Address						• • • • • • • • • • • • • • • • • • • •		
Date	SUITE 100		MIAMI FL 33243-0065								
Suite, Apt. #. etc.  Cry & State  Cry & State  Cry & State  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Sp  Robberguised  Trust Fund Contribution  Trust Fund Contribution	(Military 1 & Garage						02/06/1978	05/01/1995			
Page	<u> </u>	ce of Business	<u>├</u> ─┐				4. FEI Number NOT APPLICABLE		<b>1</b>	· ·	
28							5. Certificate of Status Desired	1 1 1			
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T. ASKARI 8190 SW 78 STREET SUITE 100 MIAMI FL 33143  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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PMD  ONTE Registered Apent syndown syndown syndown syndown regulator system when remaining to the propose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  PMD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PMD  ONTE Registered Apent syndown syndown syndown syndown syndown syndown syndown remaining to the appointment as registered agent. I am familiar with an advent syndown	Zip	— ·	<del></del>	<u></u> ⊢	ntry		1 ·		k under s	199.032,	
T. ASKARN 8190 SW 78 STREET SUITE 100 MIAMI FL 33143  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, Ronida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PND  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PND ASKARI, MICHAEL  12 NAME  ASKARI, MICHAEL  12 NAME  ASKARI, MICHAEL  13 SIREEI ADDRESS  MIAMI FL  14 CITY-ST-ZIP  MIAMI FL  14 CITY-ST-ZIP  MIAMI FL  24 CITY-ST-ZIP  MIAMI FL  35 STREET ADDRESS  MIAMI FL  36 Change Addition  Ad	<del></del> ,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered /	lgent		
8190 SW 78 STREET SUITE 100 MIAMI FL 33143  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 offic 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 translating this statement for the purpose of changing its registered offic or registered agent, 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 translating to the purpose of changing its registered offic or registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered offic or registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of changing its registered agent. I am translating to the purpose of directors. I hereby accept the appointment as registered agent. I am translating the purpose of changing its registered agent. I am translating the purpose of changing the registered agent. I am translating the purpose of changing the registered agent. I am translating the corporation's board of directors. I hereby accept the appointment as registered agent. I am translating the corporation's board of directors. I hereby accept the appointment as registered agent. I am translating the corporation's					81	Name					
SUITE 100 MIAMI FL 33143  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 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: spread or printed name of registered agent and site if applicable. (NOTE: Registered Agent lagrature spread when remaining). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PMD  ASKARI, MICHAEL  12 NAME  SIREET ADDRESS  CITY-S1-ZIP  MIAMI FL  1.4 CITY-S1-ZIP  MIAMI FL  1.4 CITY-S1-ZIP  MIAMI FL  1.4 CITY-S1-ZIP  MIAMI FL  2.2 NAME  8190 S.W. 78 ST.  2.3 SIREET ADDRESS  CITY-S1-ZIP  MIAMI FL  2.4 CITY-S1-ZIP  MIAMI FL  3.5 SIREET ADDRESS  MIAMI FL  3.5 CITY-S1-ZIP  M					82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)			
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 tentilizer with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature: speed or printed name of registered agent and the Japplicable   NOTE: Registered Agent signature registered when reinstating   DATE	SUITE 10	00			83						
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title # applicable   (NOTE: Registered Agent signature registered when reinstating)						,					
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	or registere	ed agent, or both, in the State of Flor	ida. Such change was authoriz	zed by the d	ve-n corpc	amed corporal oration's board	tion submits this statement for the pur I of directors. I hereby accept the appo	pose of cha pintment as	nging its re registered	agistered office agent. I am	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE										
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64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. 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)(k), Florida Statutes. I further carried that the information indicated on this applied report is true and accurate and that my signature shall have the same legal effect as if made under	14. I do hereb	y certify that the information supplied	with this filing is voluntarily fur	nished and	does	s not qualify fo	r the exemption stated in Section 119	.07(3)(k), Flc	rida Statu	tes I further	

pplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde sceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name int with an address. oath; that I am an officer or director of the corporate appears in Block 12 of Block 13 if changed, or on in

SIGNATURE: \_

SIGNATURE AND TYPEO OR PRINCED NAME OF SIGNING OFFINER OR DIRECTOR