

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F84764**

(2)

1. Corporation Name:

ALL WORLD SERVICES, INC.

Principal Place of Business:

**% JAVIER PEREZ
10105 S.W. 114 COURT
MIAMI FL 33176-2591**

Mailing Address:

**% JAVIER PEREZ
10105 S.W. 114 COURT
MIAMI FL 33176-2591**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1982** 3a. Date of Last Report **05/11/1994**

4. FEI Number **59-2238432** 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**

6. This corporation has liability for intangible tax under S. 199.012, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

21. Suite, Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address:

26. Suite, Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**PEREZ, JAVIER
10105 S.W. 114 COURT
MIAMI FL 33176-2591**

10. Name and Address of New Registered Agent

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 of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **P**
NAME **PEREZ, JAVIER**
STREET ADDRESS **10105 SW 114 CT**
CITY, ST, ZIP **MIAMI FL 33176-2591**

2. TITLE **VT**
NAME **PEREZ, CARMEN**
STREET ADDRESS **10105 SW 114 CT**
CITY, ST, ZIP **MIAMI FL 33176-2591**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 139.07(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)

CARMEN C. PEREZ

4/21/95 (305) 593-0845