

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 7100 N.W. 50TH STREET MIAMI FL 33166-5636
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/09/1982	05/01/96
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2238432	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 and Not Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
TITLE	NAME	14 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	21 TITLE	
CITY-ST-ZIP		22 NAME	
TITLE	NAME	23 STREET ADDRESS	
NAME	STREET ADDRESS	24 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		31 TITLE	
TITLE	NAME	32 NAME	
NAME	STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	Change Addition
TITLE	NAME	41 TITLE	
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE	NAME	44 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	51 TITLE	
CITY-ST-ZIP		52 NAME	
TITLE	NAME	53 STREET ADDRESS	
NAME	STREET ADDRESS	54 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		61 TITLE	
TITLE	NAME	62 NAME	
NAME	STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 a 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, as changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

April 22/97 (305) 593-0845

Date

Daytime Phone #

CR2E034 (9/96)