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Feb 10, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H13929

1. Corporation Name
WORLD FUEL SERVICES CORPORATION

Principal Place of Business 700 SOUTH ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33166	Mailing Address 700 SOUTH ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/20/1984

4. FEI Number
59-2459427 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TVP	<input type="checkbox"/> DELETE
NAME	ABAUNZA, CARLOS	
STREET ADDRESS	700 S. ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRGS FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARCIA, ILEANA	
STREET ADDRESS	700 S. ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEISER, RALPH R.	
STREET ADDRESS	700 SOUTH ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAIR, JERROLD	
STREET ADDRESS	700 SOUTH ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOCCI, ROBERT	
STREET ADDRESS	700 SOUTH ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Ileana Garcia 1/13/99 (305) 884-2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)