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

PROFIT CORPORATION ANNUAL REPORT

MIAM! FL 33166

City & State

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SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H88500

WORLD ON WHEELS OF MIAMI, INC.

Secretary of State 1997 (4)Principal Place of Business Mailing Address 7801 NW 62ND ST 7801 NW 62ND ST MIAMI FL 33166-3538 3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1996 12/05/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2689026 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOPEZ, PETER R. 28 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 202 83 **MIAMI FL 33130** 84 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Stgriative, typed or jet ten name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) (96/6) OFFICERS AND DIRECTORS 13. Almaquer, Pedro R DELETE Change Addition 1.1.70TLE 1.2 NAME R2E034 7801 NW 62 St. 1.3 STREET ADDRESS Miami, F1. 33166 1.4 CITY - ST- ZIP Change DELETE Addition 21 TITLE 22 NAME 2 3 STREET ADDRESS

12 1:118 PVD ALMAGUER, PEDRO R. NAME 1211 CASTILLA AVE STREET ADDRESS CORAL GABLES FL CITY-ST TITLE NAME STREET ADDRESS 2. 4 CITY - ST - ZIE CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C-Tr - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZiP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bloc-

SIGNATURE

THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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FILED

Jan 30 1997 8:00am