

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 488500
1. Corporation Name
World on Wheels of Miami, Inc.

Principal Place of Business
7801 NW 62 Street
Miami, FL 33166
Mailing Address
Same as "Place
of Business"

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12-05-1985	
21	7300 A SW 8th St.	26	11840 SW 35th Street	4. FEI Number 59-2689026	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23 Miami, Florida		City & State 28 Miami, Florida		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	33144	Country 25 Dade	29	33175	Country 30 Dade
9. Name and Address of Current Registered Agent PETER M. LOPEZ 28 W. Flagler St SUITE 202 MIAMI, FL 33130				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, if applicable) (Name of Registered Agent, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	PVD
NAME	Pedro R. Almaguer	1.2 NAME	Pedro R. Almaguer
STREET ADDRESS	7801 NW 62 Street	1.3 STREET ADDRESS	11840 SW 35th Street
CITY-ST-ZIP	MIAMI, FL 33166	1.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-23-88 (201 595-3158)

CR2E034 (10/97)