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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K07268

1. Corporation Name

Principal Place of Business

WORLD WAY INTERNATIONAL, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State
04 14 1000 00110 026 ***150 00

04-14-1999 90119 036 ***150.00



2118 W 62ND STREET 2118 W. 62ND ST								
HIALEAH FL 330		HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE			
US	The state of the s				3. Date Incorporated or Qualifed			
					12/15/1987			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0020698	Not Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27			5. Certificate of Status Desired Fee Required			
City & State	Bir or in the second	_ City & State	City & State		6. Election Campaign Financing - \$5.00 May Be			
23 28				Trust Fund Contribution Added to F		Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent		
				81 Name				
ROMERO, RICARDO L.			82 Street Address (P.O. Box Number is Not Acceptable)					
2118 W 62ND STREET				1				
HIAL	EAH FL 33016		83				'n	
			_			85 Zip C	odo	
			84	City	FL	85 Zip C	ode	
44 Dureupat	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the abov	e-named cor	rporation submits this statement for the purpose of cha	anging its r	egistered	
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, typed or printed name of registered agent	GIOTE: Pa	aistand And	ot signature coccii	red when reinstating) DATE			
<u> </u>	OFFICERS ANI		13.	ar signatore rode.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Change	Addition	
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CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
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STREET ADDRESS			5.3 STREE	ET ADDRESS			ì	
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NAME	}		•	ET ADDRESS				
STREET ADDRESS	ţ		•				.]	
CITY-ST-ZIP			6.4 CITY-	31-412				

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 a mattachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/99 (305) 823-558

Daytime Phone I