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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90252 037 \*\*\*150.00

DOCL	JMEN <sup>-</sup>	Γ# :	x 1 1	275
	<i>_</i> ,,,,,,,	. ,, ,		~ 1 .

1. Corporation Name

MICROI	DEVICES WORLD WID	E, INC.									
Principal Place	Principal Place of Business Mailing Address					4			ě		
10400 # 290	10400 N.W. 33ST. 10400 N.W. 33 ST. # 290 # 290			DO NOT WRITE IN THIS SPACE							
MIAMI,	MIAMI, FL. 33172 MIAMI, FL. 33172			3. Date Incorporated or Qualifed 01/07/1988					]		
2. Principal Pla	Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0050		<del></del> -	<b>├</b>	Applied For	_
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of S			\$8.75	Additional Required	1
City & State	;	City & State				6. Election Camp			\$5.0	May Be	
Zip	Country 25	Zip	Coun	try		8. This corporation Personal Prop	on owes the cur	rent year Ir		□No	1
24	9. Name and Address of Current	<del></del>	<u>, 101</u>			10. Name and Ad		Registered			-
				B1 Nam	e		<del></del>	<u> </u>			1
	RAIN, ALFREDO		ļ	B2 Stree	t Addro	ss (P.O. Box Numbe	or is Not Assent	abla\			-
	10 SW 138 Avenue					_SW_13_St		able)			
Mla	ami, F1. 33186		Ī	83			<b></b>				7
			-	B4 City					85 Zip	Code	-
					mbro	oke Pines	:	Fl	1 1 1	3029	
office or re	o the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was aut	horized	ove-name by the cor	d corpor	ration submits this s	tatement for the		f changing it	s registered	
SIGNATURE	Transmar With and accopt the congent	113 01, 0004011 007.0000, 1 10110	Ja Siata								
310114710112	Signature, typed or finited name of registered agent a	nd title if applicable. (NOTE: F	Registered A	gent signatui	e required v	when reinstating)		DATE			J 6
12.	OFFICERS AND		13.			ADDITIONS/CH	IANGES TO OF	FICERS A			
TITLE	PTS	☐ DELETE	1.1 TITL						Change	☐ Addition	1
NAME	NARAIN, ALFREDO		12 NAME							5	
1	9810 SW 138 Avenue			EET ADDRES		17248 SW					)
CITY-ST-ZIP				'-ST-ZIP	I	<u>Pembroke</u>	Pines,	F1.		T Addistan	ļ
TITLE	P	<b>⊠</b> DELETE	2.1 TITL		-				☐ Change	Addition	1
NAME	MINITAL MEDO		2.2 NAM								
1	STREET ADDRESS 17248 S.W. 13 ST.		1	EET ADDRES	iS						1
CITY-ST-ZIP	PEMBROKE PINES,	FL. 33029 □ DELETE	_	Y-ST-ZIP	-				Change	☐ Addition	-
TITLE	V	□ DELETE	3.1 TITL						Change	Addition Addition	
NAME	WILSON, MICHAEL		3.2 NAM								
STREET AUDRESS	1040 S.W. 137 AVE.		3.3 STREET ADDRESS					<del>-</del> -		- -	
TITLE	PEMBROKE PINES,	_FL - 33027 DELETE	4.1 TITL	/-ST-ZIP	<b>-</b>				Change	Addition	1
NAME	V	L. DELLIE	4.1 THE						☐ Change		
	LEE-SUE, VICTOR				ر						1
STREET ADDRESS	15564 S.W. 111 '			EET ADDRES	°						
CITY-ST-ZIP TITLE	MIAMI, FL. 3319	DELETE	5.1 TITL	-ST-ZIP	+				☐ Change	Addition	1
NAME			5.2 NAM						Shange		]
STREET ADDRESS			1	- Eet addres	s						
CITY-ST-ZIP				-\$T-ZIP	]						]
TITLE		☐ DELETE	6.1 TITL		<del>                                     </del>		· <u> </u>		Change	Addition	1

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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)871-5325