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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # K39463	3 (O)			
•	VORLD TRADING CORPORA	• •			
Of LIT T	TOTED TIMBING COM CIN	(1)011) (40.00 to 10.00 and 10.00 an	IA BARRA BARRA BARRA BARRA
Principal Place	of Business	Mailing Address			% #1811 BIBI! BIBI! BIBI! 1881
7949 NW 53RD	STREET	12615 SW 72 TERRACE			
SUITE #17 MIAMI FL 33183 US				DO NOT WRITE IN THIS	SPACE
US US	70	US		3. Date Incorporated or Qualified	
-				10/18/1988	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	2 NW 135T#55			65-0078466	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 5.	<u> </u>	City & State			
City & State	/ · · ·	28 F		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žin	Country	Zip	Country	8. This corporation owes or has paid the co	
<u>ฆ ゚゙ろう</u>	172 25 USA	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	l Agent
LEE	LISA		81 Name	isa Lee	. *
12615 SW 72 TERRACE 82			82 Street Add	ress (P.O. Box Number is Not Acceptable)	4
MIA	MI FL 33183		9432	2 NW 13 STROET - U	W7 # 33
			83		
			84 City 77)	9 <i>m</i> / FI	85 Zip Code
44 Durament	to the proviolence of Eastions 607.050	2 and 607 1509 Florida Statu	tor, the shows pamed cor	poration submits this statement for the purpose	
office or re	egistered agent, both, in the State	of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	lorida Statutes.	D	1/07/98
SIGNATURE	Signature types or printed name of registered ager	nt and title if applicable (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	777770
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEE, LISA		1.2 NAME		
STREET ADDRESS	12615 SW 72 TERR		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	T prieze	1.4 City-St-ZiP		Change Addition
TITLE	VS	☐ DELETE	21 TITLE		L Cridings L Addition
NAME	uribe, elena 12615 SW 72 Terr		2.2 NAME		
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MICANI I C	DELETE	3.1 TITLE		Change Addition
NAME		—	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		C Observed C Address
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	_		5.3 STREET ADDRESS		
CITY-ST-ZIP	•	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME			6.2 NAME		
STREET ADORESS			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 or yan adaction with an address. CITY-S1-ZIP

SIGNATURE:

STREET ADDRESS

Apr 16 1998 8:00am

Secretary of State