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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K50872 (6)

1. Corporation Name

WORLD OF AMERICA FINANCIAL GROUP INC.

Principal Place of Business	Mailing Address
%CHARLES M. PETERS 175 FOUNTAINE BLUE BLVD. SUITE 2D1 MIAMI. FLA. 33172	% CHARLES M. PETERS 175 FOUNTAINE BLUE BLVD. SUITE 2D1 MIAMI. FLA 33172

3. Date Incorporated or Qualified: 12/12/1988	3a. Date of Last Report: APRIL 1996
4. FEI Number: 60-0146645	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Street: 175 FOUNTAINE BLUE BLVD	26 Street: 175 FOUNTAINE BLUE BLVD.
22 Suite, Apt. #, etc.: SUITE 2D1	27 Suite, Apt. #, etc.: SUITE 2D1
23 City & State: MIAMI. FLA.	28 City & State: MIAMI. FLA
24 Zip: 33172	25 Country: DADE
29 Zip: 33172	30 Country: DADE

9. Name and Address of Current Registered Agent

PD
PETERS, CHARLES M.
175 FOUNTAINE BLUE BLVD.
SUITE 2D1
MIAMI. FLA. 33172

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 (Sign, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. PETERS, CHARLES M. 175 FOUNTAINE BLUE BLVD. #2D1 MIAMI. FLA. 33172 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PETERS, MARIA CECILIA 175 FOUNTAINE BLUE BLVD. 2D1 ,MIAMI. FLA. 33172 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I declare that I have read 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 added as an attachment with an address.

SIGNATURE: Charles M Peters CHARLES M. PETERS 04/09/97 (305) 225-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #