## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # K50872

SIGNATURE: X

WORLD OF AMERICA FINANCIAL GROUP INC.

## FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90167 013 \*\*\*150.00

07/29/02 305-225-9989

Principal Place of Business  175 FOUNTAINE BLUE BLVD.  SUITE 2D1  MIAMI FL 33172 US		Mailing Address 175 FOUNTAINE BLUE BLVD. SUITE 2D1 MIAMI FL 33172 US				de de la constante de la const		97	103	9	
2. Principal I	Place of Business	3. Mailing Address		,			<b>181 8</b> 1111 <b>06</b> 161 1 <b>6</b> 111				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					DO NOT W	RITE IN THIS S	SPACE		
City & Sta	te	City & State			4	I. FEI Numbe	65-014664			Applied For	$\exists$
Zip	Country	Zip	Coun	ntry	5	. Certificate of	of Status Desired		<b>\$8.75</b> A Fee Requi		=
	6. Name and Address of Current Re					. Name and	Address of New			rea	$\exists$
PETERS	CHARLES M.	Tomas Comment		⊷Name .	MARII	CECI	LIA PET	ERS	.ಮಹಾಲ್ನಿರ		
	NTAINEBLUE BLVD			Street A	ddress (P.O	. Box Numbe	r is Not Acceptai V EBUEAU	ble)		***	1
SUITE 2-							V C BOL /IV	prvu.		****	$\dashv$
MIAMI FL	. 33172			City	SUITE	2-D-1	74-4		Zip Co	ide -	$\dashv$
8. The above	named entity-submits this statement for the	e numera of changing its	raciator	'	MIAM	<u></u>		FL	1 '	33172	
SIGNATURE  9. This corpo	sortions of registered agent.  Sortium, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After September 13	!! FEE	IS \$550.			tion Campaign F	DATE	\$5.	00 May Be	
	ria on back)	Make Check Payab				Trus	t Fund Contribut	ion.	Adde	ed to Fees	Ì
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	ertify that the information supplied with this on this report or supplemental report is tru- coration or the receiver or trustee empower or on an attachment with any address, with										-

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Signature and titles   25 Case	}	2 22 Leave Cost of my know	edge death occurre	`		1 8215	Bird Road	Miami Fi	33155		
22 HOUR OF DEATH  11:10 A  35 20 DATE SIGNED ING. Day Y)  22 HOUR OF DEATH  11:10 A  36 220 MANE OF ATTENDING PHYSICIAN IS OTHER THAN CERTIFIER (fibre or Princi)  24 HAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE  AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  Tomas VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA NO DAYE (PHYSICIAN MEDICAL EXAMINER) (fibre or Princi)  TOMAS VI 11 AMURA		Signature and Tilles				A Signatu	re pasis of examination rms, date and place and rs and Title)	andfor investigation	on, in my opinion death occur s) and manner as stated.	red at	
22 MAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Pipe or Pinet)  22 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Pipe or Pinet)  23 SURFECISITARY — SIGNATURE AND DATE  24 SOURCESTARY— SIGNATURE AND DATE  25 SURFECISITARY— SIGNATURE AND DATE  26 PARTY Finet has desease, myrate, or complements that caused the death. Do not enter the mode of dyng, such as caldust or respiratory street, shock, or heart  26 PARTY Finet statement or complements in caused the death. Do not enter the mode of dyng, such as caldust or respiratory street, shock, or heart  27 Applications or much produced to the death of the death o	SE SE	₹ 6-41/	2		11:10 6	236 DAT		) 2:	HOUR OF DEATH	<del></del> -	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN), MEDICAL EXAMINER) (Type or Phint)  TOMAS VIII ADULEVA, D.O., 11760 SW 40th Street #112, Miami F1 33175  252 SUBJECTIONAL SCORMULE AND DATE 6/5/02 720 LOCAL REGISTRAG SIGNATURE  252 DATE REGISTERED 720027  253 LOCAL REGISTRAG SIGNATURE  254 DATE REGISTERED 720027  255 LOCAL REGISTRAG SIGNATURE  256 DATE REGISTERED 720027  257 DATE REGISTERED 720027  258 DATE REGISTERED 720027  259 LOCAL REGISTRAG SIGNATURE  250 DATE REGISTERED 720027  250 DATE REGISTERED 720027  250 DATE REGISTERED 720027  250 DATE REGISTRAG PARKED	و ت	E 220 NAME OF ATTENDING	PHYSICIAN IF OTE	ER THAN CERTIFIER (N	oe or Printi		DICAL EXAMINER'S CA	SE #	<del></del>		
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29 IF FEMALE WAS THERE A PRECIOUS WENT ON THE PAST SUBJECT OF SUBJ	E 74	AT II Other significant conditions underlying cause given in P.	ontributing to deal	tout not resulting in the	27# WAS A	N AUTOPSY	27b. WERE AUTOPS	YFINDINGS	28 CASE REPORT	<u> </u>	
PACCHANCY OF THE RAST 3 MONTHS* YES AND 31 PROBABLE MAINER OF DEATH (Speechy) Normode, or undersimmed.  324 DATE OF INJURY AT MORK 12 (Yes or No) 325 PLACE OF INJURY — Al home, farm. 174 a. 1435	-				(1415 04	NO)	OF DEATH? (Y	E OF NO	(Nes or No)		
OEATH (Speedy) National accident, suicide, Nomicide, or underenmend.  326 INJURY AT WORK?  326 INJURY AT WORK?  326 OESCRIBE HOW INJURY OCCURRED  (Yes of No)  326 OESCRIBE HOW INJURY OCCURRED  (Yes of No)  327 LOCATION (Street and Number or Rural Rouse Number, City or Your, Stelle)  11 HZS	29	PREGNANCY IN THE PAST 3 MONTHS? _YES _ NO	30a H SURGERY I	S MENTIONED IN PART I OF	ENTER CONDITI	ON FOR WHICH IT	WAS PERFORMED	30b DATE OF	SURGERY (MO. Day, Year)	- 11	
Natural, accident, suicide, nomicide, or undetermined.  32e PLACE OF INJURY — Al nome, larm. 32f LOCATION (Street and Number or Rival Rouse Number City or Town, Stele) 19e 11 HZ	- 1	DEATH (Specify)	SEA DATE OF INJU	RY 326 TIME OF	32c INJUR	Y AT WORK?	J2d DESCRIBE HOW	/ INJURY OCCUR	PEO .	_ ;	
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174 h	1	F	120 PLACE OF IN.	URY — Al Nome Java		ON (Street and Nu	mber or Rural Route Nu	mber, City or Youn,	Stom)	- 41	
0	*/*a e1 HRS										
THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE	71	THIS IS A.C	ERTIFIED 1	RUE AND COR	HECT CO	PY OF THE	OFFICIAL RI	ECOHD ON	FILE IN THIS O	FFICE	

WARNING: THIS COCUMENT: IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. TOO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

13536943 THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL THE BACK CONTAINS & PECUAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564 (10-98)