


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L22114 (7)
1. Corporation Name
WORLD WIDE WARRANTY CO.

Principal Place of Business
6800 SW 57TH AVENUE
MIAMI FL 33143

Mailing Address
6800 SW 57TH AVENUE
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2675376	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRYER, WARREN
6800 SW 57TH AVE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81	Name	FERNANDO C. SENRA	
82	Street Address (P.O. Box Number is Not Acceptable)	4181 S.W. 8th St	
83		Miami.	
84	City	FL	85 Zip Code 33134

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:  DATE: 4/29/98
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

12	TITLE	DP	<input checked="" type="checkbox"/> DELETE
	NAME	ABRAHAM, ANTHONY R.	
	STREET ADDRESS	6800 SW 57TH AVENUE	
	CITY-ST-ZIP	MIAMI FL	
	TITLE	DS	<input checked="" type="checkbox"/> DELETE
	NAME	ABRAHAM, THOMAS G.	
	STREET ADDRESS	6800 SW 57TH AVENUE	
	CITY-ST-ZIP	MIAMI FL	
	TITLE	D	<input checked="" type="checkbox"/> DELETE
	NAME	D'ABBIERI, PHILIP	
	STREET ADDRESS	6800 SW 57TH AVENUE	
	CITY-ST-ZIP	MIAMI FL	
	TITLE	VPD	<input checked="" type="checkbox"/> DELETE
	NAME	THOMAS, MALOUF	
	STREET ADDRESS	1700 E. HILLSBORO	
	CITY-ST-ZIP	TAMPA FL	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	THOMAS W HAWKINS	
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	537 COCONUT ISLE DRIVE	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
2.1 TITLE	HYLE KATHLEEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER	
2.3 STREET ADDRESS	537 COCONUT ISLE DRIVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE 33301	
3.1 TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FERNANDO C SENRA	
3.3 STREET ADDRESS	4181 S.W 8th ST	
3.4 CITY-ST-ZIP	MIAMI FL 33134	
4.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIA M RIOS	
4.3 STREET ADDRESS	4181 S.W 8th ST	
4.4 CITY-ST-ZIP	MIAMI FL 33134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 a 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.

SIGNATURE: 

3/31/98

CR2E034 (10/97)