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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

TRANS WORLD MARKETING ENTERPRISES INC.

Mailing Address

80 SW 8TH STREET

Principal Place of Business

80 SW 8TH STREET SUITE 1800

FILED Apr 23 1998 8:00am Secretary of State



MIAMI FL 33130 DO NOT WRITE IN THIS SPACE **MIAMI FL 33130** 3. Date Incorporated or Qualified 11/20/1989 2. Principal Place of Business 20. Marling Address Applied For 21 26 65-0160676 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired GUITE 501TE (OZO 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Z_{10} 8. This corporation owes or has paid the current year Intangible Yes 24 25 □ No 29 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPANA, GABRIELE **80 SW 8TH ST** Street Address (P.O. Box Number is Not Acceptable) 82 -CUITE 1800 -MIAMI FL FL 33130 83 しめこつ らいけと Zip Code 85 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 Statutes authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Hegistered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change ☐ DELFTE THILE 1.17010 CAMPANA, GABRIELE NAME 1.2 NAME 5TE 1820 80 SW 8TH ST STE 1800 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY ST-ZIP 1.4 CITY - \$1 - ZIP DETETE Addition TITLE 2.1 TIBE CAMPANA, GABRIELE NAME 2.2 NAME 80 CW 6TH ST STE 1800 1820 STREET ADDRESS 23 STREET ADDRESS MIAM! FL CITY - ST - ZIP 2 4 CITY-ST-ZIP TITLE ☐ DELFTE Change Addition 3.1 THUE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CHY-ST-ZIP 🔲 ÖEÜLTE TITLE Change ☐ Addition 4 1 TITLE NAME 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 City - ST- ZIP DELETE Change THILE 5 1 THLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE FIIIT 1 6 Change ___ Addition NAMI 6.2 NAME 6.3 STREET ADDRESS CITY-ST-7IP 64 CITY - ST- ZIP

14. Thereby certify that the information supplied with this billing 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 trusted empowered to execute this report as required by Chapter 607, I lorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

04-15-98 (305) 577-3711