

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

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L60157 (9)  
1. Corporation Name  
WORLD TRADE SERVICES CORPORATION



Principal Place of Business Mailing Address  
200 SOUTH BISCAYNE BLVD. 200 SOUTH BISCAYNE BLVD.  
SUITE 3550 SUITE 3550  
MIAMI FL 33131-2332 MIAMI FL 33131-2332

3. Date Incorporated or Qualified 03/27/1990 3a. Date of Last Report 02/12/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30  
25 29 30  
3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
4. FEI Number 98-0111699 Applied For Not Applicable  
5. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
PERSAUD, RICHARD 81 Name  
200 S. BISCAYNE BLVD., SUITE 3520 82 Street Address (P.O. Box Number is Not Acceptable)  
MIAMI FL 33131 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: Signature typed or printed 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	D WIGGAN, LLOYD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 DOMINICA DRIVE	1.2 NAME	
STREET ADDRESS	KINGSTON JA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D LALOR, DENNIS H <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28-48 BARBADOS AVE.	2.2 NAME	
STREET ADDRESS	KINGSTON JA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D KALRA, ANIL H <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28-48 BARBADOS AVE.	3.2 NAME	
STREET ADDRESS	KINGSTON JA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D DANVERS, WILLIAMS R <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28-48 BARBADOS AVE.	4.2 NAME	
STREET ADDRESS	KINGSTON JA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S FACEY, CAMILE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 DOMINICA DRIVE	5.2 NAME	
STREET ADDRESS	KINGSTON, JAMAICA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D MARTE, PEDRO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 S. BISCAYNE BLVD. #3550	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: CAMILLE FACEY, SBCY. DATE: Daytime Phone #

CR2E034 (9/96)