


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 20 AM 10:10 TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company WHOLESALE WORLD, L.C. 2808 N.W. 112TH AVE. MIAMI FL 33172		DOCUMENT # L96000000449		1a. Principal Place of Business Address 2808 N.W. 112TH AVE. MIAMI FL 33172	
2 Principal Place of Business 2701 NW 107th AV Suite, Apt #, etc 201 City & State MIAMI, FL Zip 33172		2a. Mailing Address 2701 NW 107th AV Suite, Apt #, etc 201 City & State MIAMI, FL Zip 33172		3. Date Organized or Qualified 04/19/1996 3a. State of Formation FL 4. FEI Number 65-0659133 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Date of Last Report 04/06/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION COMPANY, OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepts Appointment) (SOLE Registered Agent/Company) (Registered Agent/Company)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	NUCCI, AUGUSTO	3767 PINE LAKES DR.		FT. LAUDERDALE FL	
80000285288 -04/27/99--01054--014 ***188 75 ***188.75 4-27-99					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		AUGUSTO J NUCCI MGR 4-16-99 305-418-4546			