

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M26706**

1. Corporation Name  
**WORLDEX PUBLICATIONS, INC.**

Principal Place of Business  
**6262 SUNSET DR., PH 1  
MIAMI FL 33143**

Mailing Address  
**6262 SUNSET DR., PH 1  
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/30/1986**

4. FEI Number

**59-2635558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MARBERT, JEANETTE E.  
6262 SUNSET DR., PH 1  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	RISHILL, PAUL W	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEST, JENNIFER A	
STREET ADDRESS	6262 SUNSET DRIVE PH1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KREVAT, STEVE	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NASH, CRAIG M.	
STREET ADDRESS	6262 SUNSET DR., PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARBERT, JEANETTE E.	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KINCKE, VICTORIA J	
STREET ADDRESS	6262 SUNSET DRIVE, PH1	
CITY-ST-ZIP	MIAMI FL 33143	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CFO
3.3 STREET ADDRESS	DREW, W. CARL
3.4 CITY-ST-ZIP	6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

(305) 666-1861

Daytime Phone #

CR2E034 (1/1/98)