

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38109** (7)  
1. Corporation Name  
**THE WORLD CONSTITUENCY FOR LOCAL GOVERNMENTS, INC.**



Principal Place of Business: **8518 S.W. 8TH ST., SUITE 143 MIAMI FL 33144**  
Mailing Address: **8518 S.W. 8TH ST., SUITE 143 MIAMI FL 33144**

3. Date Incorporated or Qualified: **05/10/1990**  
3a. Date of Last Report: **03/03/1995**  
4. FEI Number: **65-0210543**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PEREZ, JOSE AMADO 13321 S.W. 26 TERRACE MIAMI FL 33175-7120**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: *Jose Amado Perez MD* **JOSE AMADO PEREZ MD** DATE: **1-16-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	PEREZ, JOSE AMADO 13321 S.W. 26 TERRACE MIAMI FL 33175	1.1 TITLE	
NAME: PEREZ, JOSE AMADO		1.2 NAME	
STREET ADDRESS: 13321 S.W. 26 TERRACE		1.3 STREET ADDRESS	
CITY-STATE-ZIP: MIAMI FL 33175	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
TITLE: TD	PEREZ, REGINA L 13340 S.W. 17 LANE #2 MIAMI FL 33175	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PEREZ, REGINA L		2.2 NAME	PEREZ, REGINA L
STREET ADDRESS: 13340 S.W. 17 LANE #2		2.3 STREET ADDRESS	13321 S.W. 26 TERRACE
CITY-STATE-ZIP: MIAMI FL 33175	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	MIAMI FL 33175
TITLE: SD	GONZALEZ, MARIA 13184 S.W. 20 TERRACE MIAMI FL 33175	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GONZALEZ, MARIA		3.2 NAME	CARMEN LOSADA
STREET ADDRESS: 13184 S.W. 20 TERRACE		3.3 STREET ADDRESS	13303 S.W. 27 STREET
CITY-STATE-ZIP: MIAMI FL 33175	<input checked="" type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	MIAMI FL 33175
TITLE:		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Amado Perez MD* **JOSE AMADO PEREZ, MD** (305) 858-7644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)