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Feb 06, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N92000000462

1. Corporation Name

W.O.M.B.S. INTERNATIONAL OF FLORIDA, INC.

Principal Place of Business

13093 S.W. 133 COURT
MIAMI FL 33186

Mailing Address

12885 S.W. 189 STREET
MIAMI FL 33177



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/24/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0375355	
Country		Country		Applied For	
25		29		Not Applicable	
4		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

RIGGINS, BRENDA L
12885 S.W. 189 STREET
MIAMI FL 33177

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 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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RIGGINS, BRENDA L	1.2 NAME	
STREET ADDRESS	12885 S.W. 189TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	RIGGINS, MARCUS A	2.2 NAME	
STREET ADDRESS	12885 S.W. 189TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LINGO, JEANINE	3.2 NAME	
STREET ADDRESS	12885 S.W. 189TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 129.07(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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-99 305-232-7794

CR2E037 (11/98)