

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> N95000003978 1. Corporation Name <b>World Aid Foundation Pro Life Inc.</b>
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Principal Place of Business	Mailing Address
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<b>2. Principal Place of Business</b> 21 <b>7220 Fairway Drive</b> Suite, Apt #, etc. 22 <b>G-24</b> City & State 23 <b>Miami, Florida</b> Zip Country 24 <b>33014</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>Same as 2</b> Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> <b>August 18, 1995</b>	<b>3a. Date of Last Report</b> ---
		<b>4. FEI Number</b> <b>65-0624755</b>		<b>Applied For</b> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>Sara Torres</b> <b>8484 S.W. 8th Street</b> <b>Miami, Florida 33144</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ DATE **7/1/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	<b>Sara Torres</b>	1.2 NAME	
STREET ADDRESS	<b>8484 S.W. 8th Street</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33144</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sara Baluja</b>	2.2 NAME	<b>Raul Castro</b>
STREET ADDRESS	<b>8484 S.W. 8th Street</b>	2.3 STREET ADDRESS	<b>8484 S.W. 8th Street</b>
CITY - ST - ZIP	<b>Miami, Florida 33144</b>	2.4 CITY - ST - ZIP	<b>Miami, Florida 33144</b>
TITLE	<b>Gerardo Araujo D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gerardo Araujo D</b>	3.2 NAME	<b>Andres Castro</b>
STREET ADDRESS	<b>8484 S.W. 8th Street</b>	3.3 STREET ADDRESS	<b>8484 S.W. 8th Street</b>
CITY - ST - ZIP	<b>Miami, Florida 33144</b>	3.4 CITY - ST - ZIP	<b>Miami, Florida 33144</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>900001912799</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/05/96--01043--004</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***61.25</b>

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: Sara Torres DATE: **7/1/96** (305) 324-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR