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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000000004

1. Corporation Name

CENTRAL AND SOUTH AMERICAN WORLD SECTOR, INC.

Principal Place of Business

14750 N.W. 77TH COURT
SUITE 125
MIAMI LAKES FL 33016

Mailing Address

14750 N.W. 77TH COURT
SUITE 125
MIAMI LAKES FL 33016



2. Principal Place of Business

21 2240 Woolbright Road

Suite, Apt. #, etc.

22 Suite 413

City & State

23 Boynton Beach, FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 2240 Woolbright Road

Suite, Apt. #, etc.

27 Suite 413

City & State

28 Boynton Beach, FL

Zip

29 33426

Country

30 USA

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

65-0639976

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

9. Name and Address of Current Registered Agent

DE ANDA, JAIME L PH.D.
14750 N.W. 77TH COURT
SUITE 125
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name

DE ANDA, JAIME L PH.D.

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

2240 Woolbright Road

83

Suite 413

84 City

Boynton Beach,

FL

85 Zip Code
33426

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
DE ANDA, JAIME L PH.D.
STREET ADDRESS 14750 N.W. 77TH COURT, SUITE 125
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☒ DELETE

NAME SD
LAUZARDO, MARTA PH.D.
STREET ADDRESS 3663 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☒ DELETE

NAME TD
STANBACK, C. FOSTER
STREET ADDRESS 14750 N.W. 77TH COURT, SUITE 125
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

DE ANDA, JAIME L PH.D.

1.3 STREET ADDRESS

2240 Woolbright Road, Suite 413

1.4 CITY-ST-ZIP

Boynton Beach, FL 33426

2.1 TITLE

SD

☐ Change ☒ Addition

2.2 NAME

MENENDEZ, MIRIAM E

2.3 STREET ADDRESS

2240 Woolbright Road, Suite 413

2.4 CITY-ST-ZIP

Boynton Beach, FL 33426

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

PORTER, BARBARA

3.3 STREET ADDRESS

2240 Woolbright Road, Suite 413

3.4 CITY-ST-ZIP

Boynton Beach, FL 33426

4.1 TITLE

DT

☐ Change ☒ Addition

4.2 NAME

ROWE, WOODY

4.3 STREET ADDRESS

617 Bradley Court, Suite A

4.4 CITY-ST-ZIP

Franklin, TN 37067

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 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: *Jaime L. De Anda* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/99

(561) 738-1525

CR2E037 (11/98)