

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005065 (5)

1. Corporation Name

WORLD SOLIDARITY MISSIONS, INC.



Principal Place of Business

Mailing Address

14345 SW 57TH LANE STE 6  
MIAMI FL 33183

14345 SW 57TH LANE STE 6  
MIAMI FL 33183-1060

3. Date Incorporated or Qualified  
10/02/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 13800 S.W. 8 STREET

25 999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 276

27 SUITE 715

City & State

City & State

23 MIAMI, FL

28 CORAL GABLES, FL.

Zip

Country

Zip

Country

24 33184

25 DADE

29 33134

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, RIGOBERTO  
14345 SW 57TH LANE STE 6  
MIAMI FL 33183

81 Name JOSE I. PADIAL, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
999 PONCE DE LEON BLVD

83 SUITE 715

84 City CORAL GABLES FL 85 Zip Code 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, RIGOBERTO	
STREET ADDRESS	14345 SW 57TH LANE STE 6	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, JOSE L	Bad address
STREET ADDRESS	14345 SW 57TH LANE STE 6	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, MARGARITA	
STREET ADDRESS	14345 SW 57TH LANE STE 6	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BACALLAO, ROSE	Bad address
STREET ADDRESS	14345 SW 57TH LANE STE 6	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINEZ, JOSE L.	
2.3 STREET ADDRESS	5103 S.W. 127 CT	
2.4 CITY - ST - ZIP	MIAMI, FL 33175	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANGELICA Lopez	
3.3 STREET ADDRESS	8827 S.W. 123 CT #210	
3.4 CITY - ST - ZIP	MIAMI, FL 33186	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BACALLAO, ROSE	
4.3 STREET ADDRESS	10770 S.W. 48 TERR	
4.4 CITY - ST - ZIP	MIAMI, FL 33165	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033591

CR2E037 (9/96)