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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 SW 8 STREET

26 999 PONCE DE LEON BLVD. C.P.A.

4. FEI Number
65-0697596

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 276

27 SUITE 715

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 MIAMI, FL

28 CORAL GABLES, FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33184

25 DADE

29 33134

30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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] JOSE I. PADIAL

DATE: 1/27/97

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
NAME GONZALEZ, RIGOBERTO
STREET ADDRESS 14345 SW 57TH LANE STE 6
CITY-ST-ZIP MIAMI FL 33183

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MARTINEZ, JOSE L
STREET ADDRESS 14345 SW 57TH LANE STE 6
CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE VD
2.2 NAME MARTINEZ, JOSE L.
2.3 STREET ADDRESS 5103 S.W. 127 CT
2.4 CITY-ST-ZIP MIAMI, FL 33175

TITLE SD
NAME GONZALEZ, MARGARITA
STREET ADDRESS 14345 SW 57TH LANE STE 6
CITY-ST-ZIP MIAMI FL 33183

3.1 TITLE SD
3.2 NAME ANGELICA Lopez
3.3 STREET ADDRESS 8927 S.W. 123 CT # 210
3.4 CITY-ST-ZIP MIAMI, FL 33186

TITLE T
NAME BACALLAO, ROSE
STREET ADDRESS 14345 SW 57TH LANE STE 6
CITY-ST-ZIP MIAMI FL 33183

4.1 TITLE T
4.2 NAME BACALLAO, ROSE
4.3 STREET ADDRESS 10770 S.W. 48 TERR
4.4 CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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] RIGOBERTO GONZALEZ 1/27/97 792-5244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033591

CR2E037 (9/96)