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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005065

1. Corporation Name

WORLD SOLIDARITY MISSIONS, INC.

Principal Place of Business

13800 SW 8TH ST
 SUITE 276
 MIAMI FL 33184
 US

Mailing Address

C/O JOSE I PADIAL C.P.A.
 999 PONCE DE LEON BLVD SUITE 715
 CORAL GABLES FL 33134
 US



2. Principal Place of Business

21 1413 20th St.

Suite, Apt. #, etc.

22 111

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 P.O. Box 398721

Suite, Apt. #, etc.

27

City & State

28 MIAMI BEACH, FL

Zip

29 332398721

Country

30 USA

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0697596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PADIAL, JOSE I C.P.A.
 999 PONCE DE LEON BLVD
 SUITE 715
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROSA M. DE LA TORRE

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

1413 20th St. #111

83

City

MIAMI BEACH

FL

85 Zip Code

33139

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

Rosa M. De La Torre

DATE

4/7/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GONZALEZ, RIGOBERTO

STREET ADDRESS 14345 SW 57TH LANE STE 6

CITY-ST-ZIP MIAMI FL 33183

TITLE VD ☐ DELETE

NAME MARTINEZ, JOSE L

STREET ADDRESS 5103 SW 127TH CT

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME GONZALEZ, MELVIS

STREET ADDRESS 265 NW 61 AVENUE

CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME BACALLAO, ROSE

STREET ADDRESS 10770 SW 48 TERRACE

CITY-ST-ZIP MIAMI FL

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 CARLOS DE LA TORRE

1.3 STREET ADDRESS 1413 20th St. #111

1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME ROSA M. DE LA TORRE

4.3 STREET ADDRESS 1413 20th St. #111

4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 (305) 6048113

CR2E037 (11/98)