FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 041 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90130647

DOCUMENT # P00000022780

1. Entity Name
THE WORLD MIRA, CORP.

Principal Place of Business
14510 SW 35TH STREET
MIRAMAR, FL 33027

Mailing Address
14510 SW 35TH STREET
MIRAMAR, FL 33027

2. Principal Place of Business: 7600 NW 186 STREET
Suite, Apt. #, etc.: SUITE #A
City & State: MIAMI LAKES, FL
Zip: 33015 Country: USA

3. Mailing Address: JYM TRAVEL 7600 NW 186 STREET
Suite, Apt. #, etc.: SUITE A
City & State: MIAMI LAKES, FL
Zip: 33015 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1000791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RAMIREZ, JOSE GUILLERMO
14510 SW 35TH STREET
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name: JAIRO A SANDOVAL
Street Address (P.O. Box Number is Not Acceptable): 4069 HOLLY COURT
City: WESTON FL Zip Code: 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JAIRO A SANDOVAL 04-30-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	P/D ☒ Change ☐ Addition
NAME	RAMIREZ, JOSE GUILLERMO	NAME	RAMIREZ, JOSE GUILLERMO
STREET ADDRESS	14510 SW 35TH STREET	STREET ADDRESS	14510 SW 36TH
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jose Guillermo Ramirez 04-30-03 954 6638464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)