**=**(ii) 331

DOCUMENT # P0000046213  1. Entity Name WORLD COMMERCE CORPORATION					FILED Jan 10, 2001 8:00 am Secretary of State	
Principal Place of Business Mailing Address					01-10-2001 90068 049 ***150.00	
514 EAGLE POINTE NORTH KISSIMMEE FL 34746  514 EAGLE POINTE NORTH KISSIMMEE FL 34746						
Principal Place of Business						
3501 W. Vine St. 3		3501 W. Vin	3501 W. Vine St Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
suite 270		Suite 270				
City & State	imnee, Fl	City & State Kissimmee F1		4.	FEI Number 9-36-51-895 Applied For Not Applicable	
Zip 3470	Country U.S. A.	Zip 7411	Country U.S.A.	5.	Certificate of Status Desired Sa.75 Additional Fee Required	
					Name and Address of New Registered Agent	
OSORIO, FERNANDO O 514 EAGLE POINTE NORTH KISSIMMEE FL 34746			Street A	Street Address (P.O. Box Number is Not Acceptable) Suite 270  City Kissimmee FL Zip Code 34741		
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.						
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Partial Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Partial Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Partial Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Partial Signature, typed or printed name of registered agent and title if applicable.  Partial Signature required when reinstating)  Partial Signature required when reinstating)						
11. OFFICERS AND DIRECTORS			12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSARIO, FERNANDO O 514 EAGLE POINTE NORTH KISSIMMEE FL 34746	□ Del∉te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501	© Change ☐ Addition  W. vine St. Suite 270  immee, Fl 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDO, CAROLINA O 514 EAGLE POINTE NORTH KISSIMMEE FL 34746	☐ Deløte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350/ U	© Change ☐ Addition  Wine St. Suite270  immee, Fl 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, GLADYS 514 EAGLE POINTE NORTH KISSIMMEE FL 34746	☐ Delete	TITLE NAME "STREET ADDRESS" CITY-ST-ZIP	3501 Kissi.	Wine St. Suite 270  mmee, €1 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOOHHITEE I E G 10	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: K  SIGNATURE: K  OI-05-0/ Y-407-93 Z 3/9/						
SIGNATURE: V James Free Free Signing OFFICER OR DIRECTOR Date Dayline Phone #						