## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

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OCUN Corporation I	MENT # P291	165 (8	3)		
'	WORLD TRANSPORT	USA , INC.			
ncipal Place c	of Business	Mailing Address		**************************************	191 9111 91811 91911 91911 91911 41911 HIQII I
		2601 MAHATTAI REDONDO BEA			
US		US		3. Date incorporated or Qualified	3a. Date of Last Report
				05/02/1990	04/26/1995
rincipal Plac	ce of Business	2a. Mailing Address	3	4. FEI Number	Applied For
Suite, Apt. #.	etc	<b>26</b>	· · · · · · · · · · · · · · · · · · ·	95-3882433	Not Applica \$8.75 Additiona
circo, rapic in.	Cto.	[27]	χ.,	5. Certificate of Status Desired	Fee Required
ity & State	The second of th	City & State		6. Election Campaign Financing	55.00 May Be
	1	28		Trust Fund Contribution	Added to Fees
ιþ	Country 25	Ζφ [29]	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, s No
	9. Name and Address of Cur			10. Name and Address of New I	
			81 Name		
THE PR	ENTICE-HALL CORPORATION	N SYSTEM INC	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
	YES STREET				* * * * * * * * * * * * * * * * * * *
STE - 10	<del></del>		83		
TALLAH	ASSEE FL 32301		84 City		FL 85 Zip Code
	i, and accept the obligations of, S	Section 607.0505, Florida Sta	thorized by the corporation's boo tutes.	oration submits this statement for the pu ard of directors. I hereby accept the app	oointment as registered agent. I a
:AT UFIE	lynatur - lyped or parted hanne of registered a	ignal and the if applicable	(NOTE Registered Agent signature requir	ard of directors. I hereby accept the app	DATE
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:AT UFIE	tyrid are systed or practed having of registered a	goot and the Papplicable AND DIRECTORS	NOTE Registered Agenit signature requirements.	ard of directors. I hereby accept the app	DATE FICERS AND DIRECTORS IN 12
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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 12 or Block 13 if changed, or on an attachment with an address.

(310)643-8983

Date Daytime Prione #