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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35927** **(3)**

1. Corporation Name
FENNVILLE HOLDINGS, LIMITED COMPANY

500001466535
-04/27/95--01042--001
**10000.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE **STE 1301** **MIAMI FL 33131**	**801 BRICKELL AVENUE** **STE 1301** **MIAMI FL 33131**

3. Date Incorporated or Qualified: **10/15/1991**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / County — 25
Zip — 29 / County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, ROBERT F., JR.
701 BRICKELL AVENUE, SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: John S. Sullivan
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83 Suite 1301
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: John S. Sullivan — April 18, 1995
Signature, type 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	D	11 TITLE		☐ Change ☐ Addition
NAME	WORLDWIDE CORP. SER.,INC	12 NAME		
STREET ADDRESS	P.O. BOX 71 N/A	13 STREET ADDRESS		
CITY ST ZIP	ROAD TOWN, TORT, BVI	14 CITY ST ZIP		
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	ALFARO, HORACIO	22 NAME	Abdiel Mansfield	
STREET ADDRESS	AVE. FEDERICO BOYD 33	23 STREET ADDRESS		
CITY ST ZIP	PANAMA 1, PANAMA	24 CITY ST ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	RAMIREZ, ALFREDO	32 NAME	Heriberto Ledezma	
STREET ADDRESS	AVE. FEDERICO BOYD EE	33 STREET ADDRESS		
CITY ST ZIP	PANAMA 1, PANAMA	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	DP 4/27	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abdiel Mansfield — (305)381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

015171 CP