## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P92000	002669	(9)

WORLDWIDE COMPUTER TECHNOLOGY, INC.

		Mailing Address 1008 CORAL WAY CORAL GABLES FL 33134-4	1750				
					3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Re 08/08/1996	eport
<ol> <li>Principal P</li> </ol>	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0370008	J	oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			6. Certificate of Status Desired	S8.75 / Fee Re	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip <b>24</b>	Country 25		Country 30	y		Yes 🔼 No	. 199.032,
	g, Name and Address of Curren	nt Registered Agent			10. Name and Address of New Res	gistered Agent	
CUE	ERVO, MARIO S		81	Name		•	
	8 CORAL WAY RAL GABLES FL 33134		62	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)	
			83				
			84	City		FL 85 Zip (	Code
SIGNATURE	am familiar with, and accept the obligi Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable (NOTE D DIRECTORS	: Registered Ag	S. ent signalure requ∔re	oration submits this statement for the p on's board of directors. I hereby accep ad when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	RS IN 12
NAME STREET ADDRESS	CUERVO, MARIO S 1008 CORAL WAY CORAL GABLES FL 33134	DELETE		T ADDRESS	ž	Change	Addition
CITY - ST - ZIP TITLE	STD CUERVO, ZAYDEE S	☐ DELETE	2.1 TITLE		······································	Change	Addition
NAME STREET ADDRESS	1008 CORAL WAY CORAL GABLES FL 33134			T ADDRESS			
CITY-ST-ZIP	COUNT GABLES LE 33134	DELETE	2. 4 CiTY- 3.1 TITLE	ST-ZiP		Change	Addition
NAME  CAREEL ADDITION			3.2 NAME	Į.		Las Grande	☐ Yaddioii
STREET ADDRESS	1		1	T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C/TY-			☐ Change	Addition
NAME STREET ADDRESS			4.2 NAME	T ADORESS			
CITY-ST-7IP	ļ	T BALLET	4.4 CITY-	ST-ZIP			4 2 3 6 7
1:TLE	l	☐ DELETE	5.1 TITLE	[		☐ Change	Addition
NAME			5.2 NAME		-		
STREET ADORESS	! [			T ADDRESS			
CITY- S1- 7IP		T beleve	5.4 CITY-	ST-ZIP		T Alexandra	A aane
THILE		DELETE	6.1 TITLE			Change	Addition
NAME	\		6.2 NAME	,			
STREET ADDRESS			6.3 STREE	T ADDRESS	*		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Daytime Phone #

**FILED** 

May 16 1997 8:00am

Secretary of State

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