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

Mailing Address

MIAMI FL 33135

SUITE A

US

26

27

2562 SW 8TH STREET

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003507

Principal Place of Business

2. Principal Place of Business

SIGNATURE: -

Suite, Apt. #, etc.

City & State

2562 SW 8TH STREET

SUITE A

22

MIAMI FL 33135

WORLDWIDE INVESTIGATIONS, INC.

3		28		Hust Fulld Contribution	1.4
Zip	Country 25	Zip [3	Country	This corporation owes the current year Personal Property Tax.	, ☐ Yes ■No
<u> </u>	9. Name and Address of Current F		<u>~</u>	10. Name and Address of New Registe	ered Agent
BOUR	(AA, MOUNIR	redistaton Adam	81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
2562 SW 8TH ST SUITE A MIAMI FL 33135			83		
office or re agent: I ar	egistered agent, or both, in the State of n familiar with, and accept the obligatio	ns of, Section 607.0505, Flori	da Statutes.	oration submits this statement for the purpoin's board of directors. I hereby accept the a	, A
SIGNATURE	Signature, typed or printed name of registered agent a	Mounir Bouka	a	(when reinstating) 01-07-99 DA	re ·
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
<u>12.</u>	OFFICERS AND	DELETE:	1.1 TITLE	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
TITLE	PVST	(beec.	1.2 NAME	•	
NAME	BOUKAA, MOUNIR 2562 SW 8TH ST, SUITE A		1.3 STREET ADDRESS		·
STREET ADDRESS	MIAMI FL 33135		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33133	☐ DELETE	2.1 TITLE	:	☐ Change ☐ Addition
NAME	BOUKAA, MOUNIR		2.2 NAME	•	
STREET ADDRESS	2562 SW 8TH ST SUITE A		2.3 STREET ADDRESS	5	'
CITY-ST-ZIP	MIAMI FL 33135		2. 4 CITY- ST- ZIP		TA TABLES
TITLE	WINTER SOTO	☐ DELETE	3.1 TITLE		Change Addition
NAME :	*		3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS	4	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE	*	. Delignings . Dividuosis
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP . 5.1 TITLE		Change Addition
TITLE		☐ hereie	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	€2 jih.	· ·	5.4 CITY-ST-ZIP	* * * \$ \psi_	
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		. Change Addition
TITLE	**************************************		6.2 NAME		
NAME	1		6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
indicated	ertify that the information supplied with on this annual report or supplemental director of the corporation or the receiv or Block:13 if changed, or on an attach	er or trustee emnowered to e	xecute this report as requ	Section 119.07(3)(i), Florida Statutes. I furth e shall have the same legal effect as if mad ired by Chapter 607, Florida Statutes; and	er certify that the information e under oath; that I am an that my name appears in

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90019 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

11/10/1992

65-0396938

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

-305-649-1228

<u> 61 - 07 - 99</u>