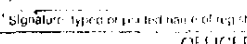
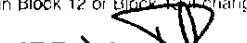


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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1997 DEC 19 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT '1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93 0000 12586 1. Corporation Name WORLD PROPERTY MANAGEMENT, INC.			
Principal Place of Business 9621 SW 65 ST. MIAMI FL 33173		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent YVONNE PEREZ 9621 SW 65 ST. MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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:  (NOTE: Registered Agent's signature required when not stating) DATE: _____			
12. OFFICERS AND DIRECTORS TITLE: PRESIDENT ☐ DELETE NAME: YVONNE PEREZ STREET ADDRESS: 9621 SW 65 ST. CITY-ST-ZIP: MIAMI FL 33173 TITLE: SECRETARY ☐ DELETE NAME: GARDEN LIP STREET ADDRESS: SANTO DOMINGO, REP. DOMINICANA CITY-ST-ZIP: _____ TITLE: _____ ☐ DELETE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ TITLE: _____ ☐ DELETE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ TITLE: _____ ☐ DELETE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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-12/23/97-01100-013
***365.00 ***365.00

11/19/97