

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90071 039 \*\*\*150.00

DOCUMENT # **P93000012586**

1. Corporation Name

**WORLD PROPERTY MANAGEMENT, INC.**

Principal Place of Business

**11440 N. KENDALL DR.  
SUITE 201  
MIAMI FL 33176**

Mailing Address

**11440 N. KENDALL DR.  
SUITE 201  
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/01/1993**

4. FEI Number

**65-0409270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**PEREZ, YVONNE  
9621 SW 65TH STREET  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

**81** Name

**ZAIAC, MANUEL**

**82** Street Address (P.O. Box Number is Not Acceptable)

**100 S.E. 2nd Street**

**83**

**SUITE 2350**

**84** City

**MIAMI**

**FL**

**85** Zip Code

**33131**

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

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

**MANUEL ZAIAC, PRESIDENT**

**1/22/99**

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE** **P** **PEREZ, YVONNE** **DELETE**  
**1.2 NAME**  
**1.3 STREET ADDRESS** **9621 SW 65 ST**  
**1.4 CITY-ST-ZIP** **MIAMI FL 33173**

**2.1 TITLE** **S** **GARDEN, LIF** ☐ DELETE  
**2.2 NAME**  
**2.3 STREET ADDRESS** **SANTO DOMINGO**  
**2.4 CITY-ST-ZIP** **REP DOMINICANA**

**3.1 TITLE** ☐ DELETE  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ DELETE  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ DELETE  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ DELETE  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** **P** ☐ Change ☒ Addition  
**1.2 NAME** **ZAIAC, MANUEL**  
**1.3 STREET ADDRESS** **100 S.E. 2nd Street, STE 2350**  
**1.4 CITY-ST-ZIP** **MIAMI, FL 33131**

**2.1 TITLE** ☐ Change ☐ Addition  
**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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT 1/22/99 (305) 358-4580**

Date

Daytime Phone #

CR2E034 (11/98)