

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Cecilia B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045576 (4)
1. Corporation Name
WASHINGTON WORLD TRADING CORP.

Principal Place of Business Mailing Address
4338 S.W. 8 STREET MIAMI FL 33134 **4338 S.W. 8 STREET MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/28/1993** 3a. Date of Last Report **08/05/1994**

4. FEI Number **NOT APPLICABLE** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**NOVOA, LUCIA
4338 S.W. 8 STREET
MIAMI FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA V	1.2 NAME	
STREET ADDRESS	4338 S.W. 8 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33134	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOA, LUCIA	2.2 NAME	
STREET ADDRESS	4338 S.W. 8 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33134	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOA, FRANCISCO	3.2 NAME	
STREET ADDRESS	4338 S.W. 8 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33134	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOA, KATHERINE	4.2 NAME	
STREET ADDRESS	4338 S.W. 8 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33134	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:  **3/15/95**
Signature AND TYPED OR PRINTED NAME OF SIGNER (OFFICER, DIRECTOR) Title Date/Time Filing #