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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000045576

1. Corporation Name
WASHINGTON WORLD TRADING CORP.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 4338 S.W. 8 STREET
 MIAMI FL 33134

3. Date Incorporated or Qualified
06/28/1993

2. Principal Place of Business
 21 **10411 NW 28th STREET**

2a. Mailing Address
 26 **10411 NW 28th STREET**

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 **C-103**

Suite, Apt. #, etc.
 27 **C-103**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **MIAMI, FL**

City & State
 28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **33172** 25 **USA**

Zip Country
 29 **33172** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NOVOA LUCIA
 4338 S.W. 8 STREET
 MIAMI FL 33134~~

81 Name
NOVOA LAURO

82 Street Address (P.O. Box Number is Not Acceptable)
10411 NW 28th STREET, #C-103

83

84 City
MIAMI

85 Zip Code
FL 33172

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]* DATE **APRIL 21, 1999**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARIA V	
STREET ADDRESS	4338 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOVOA, LUCIA	
STREET ADDRESS	4338 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOVOA, FRANCISCO	
STREET ADDRESS	4338 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NOVOA, KATHERINE	
STREET ADDRESS	4338 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NOVOA, LAURO	
STREET ADDRESS	4338 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, MARIA V.	
1.3 STREET ADDRESS	10411 NW 28th STREET, #C-103	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOVOA, LUCIA	
2.3 STREET ADDRESS	10411 NW 28th STREET, #C-103	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARCEZ, IVAN	
3.3 STREET ADDRESS	10411 NW 28th STREET, #C-103	
3.4 CITY-ST-ZIP	MIAMI, FL 33172	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SALGADO, JAYME JUNIOR	
4.3 STREET ADDRESS	10411 NW 28th STREET, #C103	
4.4 CITY-ST-ZIP	MIAMI, FL 33172	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NOVOA, LAURO	
5.3 STREET ADDRESS	10411 NW 28th STREET, #C-103	
5.4 CITY-ST-ZIP	MIAMI, FL 33172	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED DATE **APRIL 21, 1999** (305) 463-0118

CR2E034 (1/198)