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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000082197 (3)

1. Corporation Name

WORLD WIDE FOODS U.S.A. CORPORATION

Principal Place of Business  
13161 NW 43RD AVENUE  
OPA-LOCKA FL 33065  
US

Mailing Address  
P.O. BOX 527902  
MIAMI FL 33152-7902  
US



3. Date Incorporated or Qualified  
12/01/1993

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0485867

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

9. Name and Address of Current Registered Agent

CABEZ, DAVID III  
3798 E 4TH AVE  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

VIVIAN HERNANDEZ

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

13161 NW 43 AVE

83

84 City

OPALOCKA

FL

85 Zip Code

33065

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(Not for registered agent signature required when reinstating)

DATE

Vivian Hernandez Vivian Hernandez President 1/7/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	HERNANDEZ, VIVIAN	6001 S.W. 6TH STREET	PLANTATION FL	<input type="checkbox"/>
V	HERNANDEZ, JESUS	6001 S.W. 6TH STREET	PLANTATION FL	<input type="checkbox"/>
M	CABEZA, RICHARD	P.O. BOX 527902 N/A	MIAMI FL	<input type="checkbox"/>
C	CABEZA, DAVID	P.O. BOX 527902 N/A	MIAMI FL	<input type="checkbox"/>
D	CABEZA, GEORGINA	P.O. BOX 527902 N/A	MIAMI FL	<input type="checkbox"/>
TS	CABEZA, DAVID	6001 SW 16 ST	PLANTATION FL 33317	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0207643

CR2E034 (9/96)