FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED
97 APR 21 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001086(5)

1. Corporation Name
WORLD WIDE SALES & MARKETING, INC.

Principal Place of Business
~~2206-Hollywood-Blvd.~~
~~Hollywood,-Fl-33020~~

Mailing Address
~~2206-Hollywood-Blvd.~~
~~Hollywood,-Fl-33020~~

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 2999 NE 191 Street
Suite, Apt #, etc
22 900
City & State
23 Aventura, Florida
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 2999 NE 191 Street
Suite, Apt #, etc
27 900
City & State
28 Aventura, Florida
Zip 29 33180 Country 30 USA

4. FEI Number 65-0461409 ☐ 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
~~Hochstein,-Fred--~~
~~2206-Hollywood-Blvd~~
~~Hollywood,-Fl.-33020~~

10. Name and Address of New Registered Agent
81 Name: Fred Hochsztein
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street
83 Suite 900
84 City: Aventura FL 85 Zip Code 33180

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: Fred H [signature] 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, CARMEN		1.2 NAME	
STREET ADDRESS	777 N.W. 72 AVE, SUITE 1CC44		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126		1.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, STEVE		2.2 NAME	
STREET ADDRESS	777 N.W. 72 AVE, SUITE 1CC44		2.3 STREET ADDRESS	000002154160--2
CITY-ST-ZIP	MIAMI, FL 33126		2.4 CITY-ST-ZIP	-04/24/97--01111--008
TITLE		☐ DELETE	3.1 TITLE	****165.00 ****165.00 ☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	D. Allen
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	4/21/97
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Steve Mend [signature] Vice President 4/4/97 305-262-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #