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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000001086

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

Principal Place of Business
**2999 N.E. 191 STREET
SUITE 900
AVENTURA FL 33180**

Mailing Address
**2999 N.E. 191 STREET
SUITE 900
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1940 Harrison Street

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Hollywood, Florida

Zip Country

24 33020

25 USA

2a. Mailing Address

26 1940 Harrison Street

Suite, Apt. #, etc.

27 suite 300

City & State

28 Hollywood, Florida

Zip Country

29 33020

30 USA

g. Name and Address of Current Registered Agent

**HOCHSZTEIN, FRED
2999 N.E. 191 STREET
SUITE 900
AVENTURA FL 33180**

81 Name

Fred Hochsztein

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

1940 Harrison Street

83

Suite 300

84

City Hollywood

FL

85 Zip Code
33020

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS MENDELSON, CARMEN**

STREET ADDRESS **777 N.W. 72 AVE., SUITE 10C44**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **DVT MENDELSON, STEVEN**

STREET ADDRESS **777 N.W. 72 AVE., SUITE 10C44**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DPS Mendelson, Carmen**

1.3 STREET ADDRESS **9960 N.W. 116th Way, Suite 9B**

1.4 CITY-ST-ZIP **Medley, Florida 33178**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **DVT Mendelson, Steven**

2.3 STREET ADDRESS **9960 N.W. 116th Way, Suite 9B**

2.4 CITY-ST-ZIP **Medley, Florida ##1&***

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:

Steven Mendelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

4/19/99

Daytime Phone #

305-863-8881

CR2E034 (11/98)