FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State - DIVISION OF CORPORATIONS

FILED Mar 28 1997 8:00am Secretary of State

OCHMENT #	D04000017160	161
Corporation Name	P94000017162	(0)

SLAT WORLD, INC.

Prhoipat Place	of Business	Mailing Address		- 3 1801/001 AND UBITA BY BY ONLY BRINE ONLY	AL AUFANA DIWIN DOWNI FADAK WAAAN DIDI ANDI
130 N.W. 86TH MIAMI FL 33126		130 N.W. 86TH PLACE MIAMI FL 33126-6815			
				3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 04/30/1996
1	acc of Business	2a. Mailing Address	W A A	4, FEI Number	Applied For
21 5400 / Suite: Apt	North Hiami AVE.	26 3900 North 1 Suite, Apt. #, etc.	Tiam! AIVE.	65-0517286	Not Applicable
22	#, eic	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Hiami		City & State 28 Miami, F/.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	Country	Zip	Country	8. This corporation has liability for	Intangible tax under s. 199.032,
24 33/27	9. Name and Address of Curren	29 33/27	30 USA		Yes No
		t Registered Agent		10. Name and Address of New R	egistered Agent
	RAQUEL L		81 Name	ldo 6. Briceno	
	S.W. 5TH TERRACE		82 Street Addi	ress (P.O. Box Number is Not Accepta	ble)
MIAN	AI FL 33174		83 3900 7	Vorth Hiami Ave.	
1			84 City		FL 85 Zip Code 33/2.7
11 Purs card t	to the provisions of Sections 607 050	2 July 607 1508 Flyida Statut	es the above-named core	oration submits this statement for the	nurnose of changing its registered
office or n	egistered agent, or both, in the State in familiar with, and acceptate obtain	Florida, Sun Flance was a	authorized by the corporat	tion's board of directors. I hereby acce	ept the appointment as registered
_	m jamii ar wiin, and accept the doubt	all eller and the control of the con	orida Statutes.		
SIGNATURE	Stgout ire, type dior ponted name of regist ed a	and tele if the cable [NO1	E Registered Agent signature requir	red when reinstating)	DATE
12.	OF NE AS AN	own odks /	13.	ADDITIONS/CHANGES TO OFFI	
101F	VPD	LUELETE	1.1 TITLE	resident	Change Addition
NAME	BRICENO, LEOPOLDO E		1.2 NAME 3 0	riceno, Leopoldo 100 n.n.ani av.	E.
STHEFT ACCORESS	3900 N. MIAMI		1.3 STREET ADDRESS	100 N.MANI AV.	
GH 51 70°	MIAMI FL 33127	5 printe		14m, FL.88127	Change Addition
TillE	PD	DELETE	21 TITLE		L Grange L Addition
NAME	VAZ, RAQUEL L 8725 S.W. 5TH TERRACE		2 2 NAME		
STREET ACTIVITIESS	MIAMI FL 33174		2.3 STREET ADDRESS		
CGY+S1+ZIP TICLE	MINWITE 00174	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3 2 NAME		······································
Steel (ADDRESS)			3 3 STREET ADDRESS		
CBY-ST ZiF			3.4. CITY-ST-ZIP		
TULE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET AUDRESS			4.3 STREET ADDRESS		
City-St ZiF			4 4 CITY-ST-ZIP		
THTEE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STEEL FALCORESS			5.3 STREET ADDRESS		
(31Y+S1+2)F		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
TILLE		בן הננונ	62 NAME		Frm custility First vacuum
NAME CIGCOLATORICO			63 STREET ADDRESS		
STREET ALTERESS					
011Y-51-20	by certify that the information supplier	d with this iling does not quali	fv for the exemption states	d in Section 119.07(3)(i), Florida Statut	es. I further certify that the

t is true and accurate and that my signature shall have the same legal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes; and that my name address. information indicated on this annual report or suppler Lam an off-cur or director of the corporation or the re-appears in Block 12 or Block 13 if changes, prion an

SIGNATURE:

03 - 21-97 (305) 5767677