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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000017178

1. Corporation Name

BUSINESS

WORLDWIDE CORPORATION

Principal Place of Business

Mailing Address

7051 SW 4757

FILED May 27, 1999 8:00 am Secretary of State 05-27-1999 90001 019 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

11/1/42	11, PL 33/33	>			Date Incorporated or Qualifed		
!	,				MARCH 2, 19	44	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21	26				65-0475461	No	t Applicable
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added t	,
Zip	Country Zíp			Country 8. This corporation owes the current year Intangible			
24	25 29			Personal Property Tax.		<b>⊠</b> No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
Jose	M. VEGA		8	Name FRA	SAT FARODQ ess (P.O. Box Number is Not Acceptable)		
25 S.E. Z AVE #201				82 Street Address (P.O. Box Number is Not Acceptable) 6602 S.U. 61 /E/2			
M (x	m1, FL 33	<i>i</i> 31					
,	, , , , = = 5		84	City Ser	TH MIAMI FI	2ip C 3 3	Code 1/43
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508, Florida Sta	tutes, the above	/e-named corpo	pration submits this statement for the purpose con's board of directors. I hereby accept the appropriate the control of the co	of changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Statute	s.			
SIGNATURE	Signature, typed or printed name of registered as	Lul			5-2	0-99	ח
0.0.0.0.0.0	Signature, typed or printed name of registered ag		OTE: Registered Age	nt signature required	3)		
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PRESIDENT / DIRE		1.1 TITLE	+		Change	☐ Addition
NAME	NARINDRA GUPT	A	1.2 NAME				
STREET ADDRESS	7051 5.W. 4787		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI, FL 33	155	14 CITY-5	ST-ZIP			
TITLE	*	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-				
TITLE		☐ DELETE	3.1 TITLE	31-21-		Change	Addition
NAME			3.2 NAME			_ ,	_
			•	T ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	SI-ZIP		Change	Addition
TITLE		☐ DETE   E	41 TITLE			∟ change	[_] Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			. 5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-5	T-ZIP			
	entify that the information cumplied u	with this filing does not qualify			ection 119 07(3)(i) Florida Statutes I further ce	etify that the in	formation

indicated on this annual report or supplies with his limit does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes, Fluriner certify that the months 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:

CR2E034 (11/98)