


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

FILED

Apr 29 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # P94000043867 1. Corporation Name WORLDWIDE IMPORT EXPORT SERVICES OF MIAMI, INC. | | | |
| Principal Place of Business 8009 NW 36th Street #224 Miami, Fla. 33166 | | Mailing Address | |
| 2. Principal Place of Business 21 7360 NW 56th St. Suite, Apt. #, etc. | | 2a. Mailing Address 26 7360 NW 56th St. Suite, Apt. #, etc. | |
| 22 City & State 23 Miami, Fla. | | 27 City & State 28 Miami, Fla. | |
| 24 Zip 33166 Country | | 29 Zip 33166 Country | |
| 3. Date Incorporated or Qualified JUNE 13, 1994 | | 3a. Date of Last Report JUNE 13, 1994 | |
| 4. FEI Number 65-050-1997 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent CHAPETON PEREZ, GUILLERMO 7360 NW 56th Street Miami, Fla. 33166 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 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 _____ DATE April 25, 1997 (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME CHAPETON PEREZ, GUILLERMO 1.3 STREET ADDRESS 7360 NW 56th Street 1.4 CITY-ST-ZIP Miami, Fla. 33166 | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PRESIDENT & TREASURER 1.3 STREET ADDRESS CHAPETON PEREZ, GUILLERMO 1.4 CITY-ST-ZIP 7360 NW 56th St. Miami, Fla. 33166 | |
| 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Vice-President 2.3 STREET ADDRESS Chapeton, Elibet 2.4 CITY-ST-ZIP 7360 NW 56th St. Miami, Fla. 33166 | |
| 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Secretary 3.3 STREET ADDRESS Chapeton, Myriam 3.4 CITY-ST-ZIP 7360 NW 56th St. Miami, Fla. 33166 | |
| 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
| 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 04/25/97 (305)8854332 Date Daytime Phone # | |

CR2E034 (9/96)