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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000043867

WORLDWIDE IMPORT EXPORT SERVICES OF MIAMI, INC.

Principal Place of Business Mailing Address					r enancene ein soure ningt nobite ##iff DDift nutfil #1	TOO ENTOL TAILE ALIEN FOOT TABLE
7360 NW 56TH ST. 7380 NW 56TH ST. MIAMI FL 33166 MIAMI FL 33166				DO NOT IMPLIE IN THE	DD4.05	
					DO NOT WRITE IN THIS S 3. Date incorporated or Qualifed	PACE
2. Principal	Place of Business	2a, Mailing Address			06/13/1994 4. FEI Number	
21		26			65-0501997	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	****			Not Applicable -\$8.75 Additional
22 City & St		27			5. Certificate of Status Desired	Fee Required
— ·	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		_	Trust Fund Contribution	Added to Fees
24	25	Zíp	Country	1	8. This corporation owes the current year Intar	
24	9. Name and Address of Curr	29	30			☑Yes □No
	s. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registered A	jent
PE	REZ. GUILLERMO C		0'	Name		
7360 NW 56TH ST.				Street A	ddress (P.O. Box Number is Not Acceptable)	6 24 C
MIAMI FL 33166			83			the state of
			03			as the second of the
			84	City		85 Zip Code
44 Durawant to the manifest of Co. 12				L	FL.	· ·
office or	registered agent, or both, in the Stat	le of Florida. Such change was a	es, me above uthorized by	e-named co the corpora	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointr	anging its registered
		gations of, Section 607.0505, Flor	rida Statutes	•	, - , 	
SIGNATURE	Signature, typed or pripted name of registered as	Tool and title if applicable (NOTE	B1-1			
12.		AND DIRECTORS	13.	c signature requ	uired when reinstating) DATE ADDITION (COLANIOS OF TO OFFICE AND	
TITLE	PT	☐ DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	CHAPETON PEREZ, GUILLER	MO	1.2 NAME	ļ	,	☐ Vocabols
STREET ADDRESS			1.3 STREET	ADDDESS		
CITY-ST-ZIP	MIAMI FL 33166					
TITLE	VP	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP		Chance C Addition
NAME	CHAPETON, ELIBET		2.2 NAME		L	Change Addition
STREET ADDRESS			•		<u> </u>	
CITY-ST-ZIP	MIAMI FL 33166		2.3 STREET			
TITLE	S	☐ DELETE	2.4 CfTY-ST	r-zip		
NAME	CHAPETON, MYRIAM		3.1 TITLE		L	Change
STREET ADDRESS			3.2 NAME			
	MIAMI FL 33166		3.3 STREET			
CITY-ST-ZIP TITLE	INIDAMI FL 33 100	□ DC: ETE	3.4. CITY-ST	-ZIP		T TALL
NAME		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		!
CITY-ST-ZIP						. 1
TITLE		□ DELETE	5.4 CITY-ST-			

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: K

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Feb 19, 1999 8:00am

Secretary of State

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