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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400048000 (1)

WORLD INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address

4862 S.W. 72ND AVE. MIAMI FL 33155 4862 S.W. 72ND AVE. MIAMI FL 33155

FILED Apr 23 1998 8:00am Secretary of State



| | | | | | DO NOT WRITE IN THIS | SPACE |
|--|-------------------------------|---------------------|---------------------------|---|--|-----------------------------------|
| | | | | | 3. Date Incorporated or Qualified | |
| O Principal Di | loop of Dunings | Lon Mailing Address | | | 06/28/1994 4. FEI Number | |
| _ ^^ | BO NW.275 | 1. 26 8280 NI | 15 5 | 7 94 | 4. FEI Numbei | Applied For |
| Suite Ap1 | | Suite, Apt. #, etc. | | 1 -1 | 65-0502226 | Not Applicable |
| <u> 22</u> | <u> </u> | 27 Suite 5 | 15 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | ami FL. | City & State | F | الله. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | _ ^ | 8. This corporation owes or has paid the cu | rrent year Intangible |
| 図 33い | 入 25 じ5A | 29 33112 30 | 。 「 | SA | The state of the s | Yes No |
| | 9. Name and Address of Curren | l Registered Agent | | , | 10. Name and Address of New Registered | Agent |
| BOCCARA, FILIPPO 81 Nar | | | | Name | | |
| 4862 S.W. 72ND AVE. Miami Fl 33155 | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | | |
| | | | 83 | | | • |
| | | | 84 | City | | 85 Zip Code |
| | | | | Oity | FL | 2 20 0000 |
| 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of repetered agent and trie if applicable (NOTL Registered Agent signature required | | | | | · | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | PS SUMPO | ☐ DELETE | 1.1 TITLE | ĺ | | Change Addition |
| NAME | BOCCARA, FILIPPO | | 1.2 NAME | | | |
| STREET ADDRESS | 4862 S.W. 72ND AVE. | | 1.3 STREET | | | |
| CITY-ST-ZIP | MIAMI FL 33155 | - Delete | 14 CITY-5 | I - ZIP | | The same |
| TITLE | | ∐ DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET | | | |
| CITY-ST-ZIP | DELETE | | 2. 4 CITY- | ST-ZIP | | Change Addition |
| TITLE | | C OFFER | 3.1 T(TLE | | | FT change FT Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET | | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-: | SI - ZIF | | Change Addition |
| TITLE | | | | | | C change C Machiner |
| NAME | | | 4. 2 NAME | IDDOCA | | |
| STREET ADDRESS | | | 4.3 STREET | 1 | | |
| CITY+ST-ZIP TITLE | | ☐ DELETE | 4.4 CITY - S 5.1 TITLE | I - ZIP | | Change Addition |
| | | DECENT | | 1 | | C outside C Vacition |
| NAME OTRECT LODDSOO | | | 5.2 NAME | 4000000 | | |
| STREET ADDRESS | | | 5.3 STREET | 1 | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - S | i1 - ZiP | | Change Addition |
| TITLE | | ריז הנונונ הי | 6.1 TITLE | | | C cuange C Modulou |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 9 | T-ZIP | | 1 |

14. Thereby 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.

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Ances

Filiam Brown

4/11/08 (306) 507-0851