FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90029 032 ***150.00

Mailing Address

8280 NW 27 ST

PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400048000

1. Corporation Name

8280 NW 27 ST

Principal Place of Business

WORLD INTERNATIONAL TRADING, INC.

MIAMI FL 33122	A STATE OF THE PARTY OF THE PAR	MIAMI FL 33122	*-		DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					06/28/1994
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	•	26			65-0502226 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	• .	City & State			6. Election Campaign Financing \$5.00 May Be
23	·				Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Country	/	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax.
,	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered Agent
				Name	
BOCCARA, FILIPPO				Street Ad	ddress (P.O. Box Number is Not Acceptable)
4862 S.W. 72ND AVE.					<u> </u>
MIAMI FL 33155			83		
			84	City	85 Zip Code
			0.0	City	FL 3 Ep code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named co	orporation submits this statement for the purpose of changing its registered
-65-4-05-50	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida Such change was aut	nonzea ni	the comors	ation's board of directors. I hereby accept the appointment as registered
	m lamiliar with, and accept the obligati	ions of, Section 667.6565, Florid	a Glatate	>,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature requ	uired when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Additio
NAME	BOCCARA, FILIPPO		1.2 NAME		
STREET ADDRESS	4862 S.W. 72ND AVE.		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-		
TITLE	III/AIII E 00 100	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	and graph forms on the second of	خ سه می کید ر	2.2 NAME	-	
STREET ADDRESS				T ADDRESS	
<u> </u>	•,		2. 4 CITY-		
CITY-ST-ZIP TITLE	***************************************	☐ DELETE	3.1 TITLE	\$1-ZIF	☐ Change ☐ Additio
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CITY-ST-ZIP	~ *****	☐ DELETE	3.4. CITY- 4.1 TITLE	51-ZIP	☐ Change ☐ Additio
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NAME			4. 2 NAME		
STREET ADDRESS				TADDRESS	
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NAME	•		5.2 NAME	- +0000-00	•
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TILE	•	☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME	. d :		6.2 NAME		
STREET ADDRESS	X /			T ADDRESS	
CITY-ST-ZIP	/ V		6.4 CITY-	ST-ZIP	

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: