**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000048893**1. Corporation Name

Principal Place of Business

WORLD INTERNATIONAL NETWORK CORP.

20335 W COUNTRY CLUB DR STE 2309 AVENTURA FL 33180-1623 US		20335 W COUNTRY CLUB DR STE. 2309 AVENTURA FL 33180-1623 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					06/30/1994	
Principal Place of Business     2a. Mailing Addr			dress		4. FEI Number	Applied For
21		26		65-0505345	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		<b>G.</b>	Fee Required	
City & State		City & State	<u>⊢</u> ¬ ′		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip •			Country		8. This corporation owes the current year Int	tangible □Yes □No
24	25	29   30   ress of Current Registered Agent			Personal Property Tax.	
		rent Registered Agent	81	Name	10. Name and Address of New Neglistered	Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED				4		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			00		10 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14	1. 1 · 1
			84	City	El	85 Zip Code
	5.00 a 2.00 a	0502 and 607 4500. Florida Statuto	a the shou	named sor	poration submits this statement for the surrose of	changing its registered
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	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Age	nt signature requir	red when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		,	☐ Change ☐ Addition
NAME	SAR-SHALOM, EZEQUIEL		1.2 NAME			
STREET ADDRESS	20335 W COUNTRY CLUB (	OR STE 2309	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-S	T-ZIP		
TITLE	***************************************	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			ļ
STREET ADDRESS			2.3 STREE	T ADDRESS		1
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		
TITLE .	:	DELETE	3.1 TITLE	•		☐ Change ☐ Addition
NAME	and the second of the second o		3.2 NAME			
STREET ADDRESS			3.3 STREE	r address		·
CITY-ST-ZIP	•		3.4. CITY-5	T-ZIP	: 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	<del></del>	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS	•		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		V	
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		·
TITLE	2 + 17	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			]
STREET ADDRESS	4.0		6.3 STREE	T ADDRESS		

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 chan

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01/06/99

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90002 019 \*\*\*150.00

305-933-5812