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95 APR 18 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Garcia B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059670 (7)

1. Corporation Name
WORLD AMERICA REALTY INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1885 W. 68TH ST.
#209V
HIALEAH FL 33014**

9. Date Incorporated or Qualified **08/12/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 1840 w. 49 st. 26 1840 w. 49 st.

4. FEI Number **65-0525207** Applied For
Not Applicable

22 #708 27 #708

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 HIALEAH, FL. 33012 28 HIALEAH, FL. 33012

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

24 33012 25 USA 29 33012 30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VELEZ, RAFAEL
1885 W. 68TH ST.
#209V
HIALEAH FL 33014**

10. Name and Address of New Registered Agent
81 Name **VELEZ, RAFAEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1840 w. 49 st. #708
83 **#708**
84 City **HIALEAH, FL.** FL 85 Zip Code **33012**

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 *Rafael Velez (P) Rafael Velez* DATE **3-12-95**
Signature of registered agent or principal officer and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	VELEZ, RAFAEL
STREET ADDRESS	1885 W. 68TH ST., #209V
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PSTD
1.3 STREET ADDRESS	VELEZ, RAFAEL
1.4 CITY - ST - ZIP	1840 w. 49 st. #708
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rafael Velez - Rafael Velez* DATE: **3-12-95** (305) 826-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (IMP) (Display Fees)