

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

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May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000061795 (8)**

1. Corporation Name  
**WORLD SUPPLIERS INC.**

Principal Place of Business

**1747 VAN BUREN ST  
SUITE 770  
HOLLYWOOD FL 33020**

Mailing Address

**1747 VAN BUREN ST  
SUITE 770  
HOLLYWOOD FL 33020-5107**

3. Date Incorporated or Qualified **08/22/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>4700 N. HIATUS RD</b>	26 <b>4700 N. HIATUS RD.</b>	<b>65-0514220</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>SUITE 255</b>	27 <b>SUITE 255</b>	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 <b>SUNRISE, FL</b>	28 <b>SUNRISE, FL</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 <b>33351</b>	25	29 <b>33351</b>	30

9. Name and Address of Current Registered Agent

**SUAREZ, GRACE  
1747 VAN BUREN ST  
SUITE 770  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	<b>SUAREZ, GRACE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9241 N.W. 25 ST.</b>
83	
84 City	<b>SUNRISE FL</b>
85 Zip Code	<b>33322</b>

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>SUAREZ, GRACE</b>	1.2 NAME	<b>SUAREZ, GRACE</b>
STREET ADDRESS	<b>1747 VAN BUREN ST SUITE 770</b>	1.3 STREET ADDRESS	<b>9241 N.W. 25 ST.</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	1.4 CITY - ST - ZIP	<b>SUNRISE, FL 33322</b>
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

**GRACE C. SUAREZ**

Date

Daytime Phone #

**4/25/97 (954) 372-1111**

CR2E034 (9/96)