

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084947 (8)**

1. Corporation Name

WORLD INTERNET CORPORATION



Principal Place of Business

Mailing Address

**6215 KENDALE LAKES CIR
SUITE E 166
MIAMI FL 33183**

**6215 KENDALE LAKES CIR
SUITE E 166
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHOLZ, KILIAN
6215 KENDALE LAKES CIR
SUITE E 166
MIAMI FL 33183**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

09/21/1995

4. FEI Number

65-0537163

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be the registered agent)

Print Name (Last, First, Middle Initial) of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **D SCHOLZ, KILIAN**
STREET ADDRESS **6215 KENDALE LAKES CIR SUITE E 166**
CITY-STATE-ZIP **MIAMI FL 33183**

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

15 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP

TITLE ☐ DELETE

19 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP

TITLE ☐ DELETE

23 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP

TITLE ☐ DELETE

27 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-STATE-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 registered agent or member authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KILIAN SCHOLZ

6/4/96

(305) 383-1714

CR2E034 (12/95)