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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017888

1. Corporation Name

ROUND THE WORLD OF MIAMI, INC.

					_		<u> </u>	at iiali iaaa iatat	
Principal Place	e of Business	Ma	iling Address				*		
333-B HARRISON ST 333-B HARRISON ST						ļ			
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019				DO NOT MORE IN THIS C			IS SPACE		
US US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
							03/06/1995		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	Ap	plied For
21		26					65-0562008	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State			City & State				-6,-Election Campaign Financing -	\$5.00 Added to	7
Zip	Country	— 1	Zip	Country			8. This corporation owes the current year	Intangible	
24	25 29 30			}	Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name	,			. }
BLANCO, LUZ 4923 MCKINLEY STREET				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				83			·		
								. 85 Zip C	lodo -
				84	\		F		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Floric	ta. Such change was autho	orized by	the corp	l corpor poration	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
SIGNATURE							when reinstating) DATE	· <u> </u>	
40	Signature, typed or printed name of registered ag OFFICERS A			13.	nt signature	required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PSD	ND DINE	DELETE	1,1 TITLE		T	ADDITIONO/OFFATOCO TO OFF TOCKO	Change	Addition
	BLANCO, LUZ		□ 020-10	1.2 NAME				_ ,	_
NAME	4923 MCKINLEY STREET				1 ADDRESS	,			\
STREET ADDRESS	HOLLYWOOD FL 33021					'			1
CITY-ST-ZIP	TIOLETTOOD TE 33021		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219	+		Change	Addition
TITLE			□ OELETE						
NAME				2.2 NAME				•	Ì
STREET ADDRESS					T ADDRESS	,			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	┼	·	☐ Change	[Addition
TITLE			DELETE	3.1 TITLE					
NAME				3.2 NAME					
STREET ADDRESS					TADORESS	' [
CITY-ST-ZIP			0	3.4. CITY-	ST-ZIP			Change	Addition
TITLE			☐ DELETE	4.1 TITLE				□ cuange	
NAME				4, 2 NAME					
STREET ADDRESS				4.3 STREE	T ADORESS	i			
CITY-ST-ZIP				4.4 CITY-5	T-ZIP			,	FT Address
TITLE			☐ DELETE	5.1 TITLE		1	•	Change	Addition
NAME				5.2 NAME					}
STREET ADDRESS				5.3 STREE	T ADDRESS	\$ })
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE		-		Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS	9			ì

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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP