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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90058 035 ***150.00

DOCUMENT # P95000020938

1. Corporation Name

WORLDWIDE ENTERPRISES OF MIAMI, INC.

Principal Flace of Business Mailing Address							AN INCHI NAME NAME NA	ARI GRIUL BRALL	I EIGIT AANS TATAA	
9705 SW 132 CT MIAMI FL 33186		9705 SW 132 CT MIAMI FL 33186								
US		US			DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed					
						1 * .				
- 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		- Mailing Address			· · · · · · · · · · · · · · · · · · ·	03/13/1995 4. FEI Number	<u> </u>		Δn	plied For
-	ace of Business	2a. Mailing Address				65-0568428			<u> </u>	Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 Additional		
		27			5. Certificate of S	Status Desired		Fee Re		
City & Sitate			City & State			6 Election Cam	naign Financing		\$5.00	May Re
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax. Yes XNo				ONK
	g. Name and Address of Curren	Registered Agent				10. Name and A	ddress of New I	Registered	l Agent	
				81 Name						
	RTE, EDUARDO		82 Street			ess (P.O. Bo): Numb	er is Not Accept	able)		
	SW 132 CT									
MIAN	AI FL 33186			83						
				84	City	·			85 Zip (ode
				ļ	-	_		<u> </u>	_	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	j by t	-named corpo he corporatio	oration submits this s n's board of director	statement for the s. I hereby acce	purpose o	of changing its pintment as re-	registered gistered
SIGNATUF:E										
	Signature, typed or printed name of registered ager		E: Registered	Agent	signature required			DATE		
12.		DIRECTORS	13.			ADDIT#()NS/CI	HANGES TO OF	FICERS 4	ND DIRECTO	Addition
TITLE	PD	☐ DELETE	1.1 TI						Change	
NAME	UGARTE, EDUARDO		1.2 N/							1
STREET ADDRESS	9705 SW 132 CT				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		_	1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
TITLE	VD	□ vetere	1							
NAME	UGARTE, DELIA		2.2 N		4000500					1
STREET ADDRESS	9705 SW 132 CT				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186 TD □ DELETE			2.4 CITY-ST-ZIP 3 1 TITLE					Change	Addition
TITLE	TD		3.2 N/							_
NAME	UGARTE, MARILYNN 9705 SW 132 CT				ADDRESS					
STREET ADDRESS	9705 SW 132 CT MIAMI FL 33186			3.3 STREET ADDRESS 3.4 City-St-Zip						1
CITY-ST-ZIP TITLE	MILMI F 33 100	☐ DELETE	4.1 TI		1-2IF				☐ Change	Addition
NAME	-		4. 2 N						•	
STREET ADDRESS					ADDRESS					
				TY-ST	T T					}
CITY-ST-ZIP		☐ DELETE	5.1 TI						☐ Change	Addition
NAME			5.2 N							
STREET ADDRESS			5.3 S	TREET	ADDRESS					\
CITY-ST-ZIP			5.4 CI	ITY-ST	-ZIP					
TITLE		☐ DELETE	6 1 TI	TLE		-			Change	Addition
NAME			6.2 N	AME.						1
STREET ADDRESS			6.3 S	TREET	ADDRESS					ļ
CITY-ST-ZIP			6.4 CI	ITY-ST	- ZIP					

14. I hereby certify that the information supplied with this filling 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 eport 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 a Lother like empowered.

SIGNATURE: Eduar do Web of RIVED NAME OF SIGNING OFFICE OR DIRE

04/25/99

(305)752-5028