

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # P95000031544 (6)

1. Corporation Name

PIXIE WORLD WIDE DEVELOPMENTS CORP.

Principal Place of Business

2499 GLADES RD. DEVELOPMENTS CORP.
SUITE 309, 2ND FLOOR
BOCA RATON FL 33431

Mailing Address

2499 GLADES RD. DEVELOPMENTS CORP.
SUITE 309, 2ND FLOOR
BOCA RATON FL 33431-7209

3. Date Incorporated or Qualified
04/21/1995

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 1200 N. FEDERAL HWY.

Suite, Apt. #, etc.

22 200

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25

2a. Mailing Address

26 21218-10 ST. ANDREWS BLVD.

Suite, Apt. #, etc.

27 #507

City & State

28 BOCA RATON, FL

Zip

29 33433

Country

30

4. FEI Number

65-0573092

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

9. Name and Address of Current Registered Agent

REGISTER AGENT SERVICE CORPORATION
12499 GLADES RD.
SUITE 309
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD
NAME LA ROCCA, MATTEO
STREET ADDRESS % 2499 GLADES RD. SUITE 309
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE VD
NAME LA ROCCA, ROBERTO
STREET ADDRESS % 2499 GLADES RD. SUITE 309
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE STD
NAME MORRERO, ANAMARIA
STREET ADDRESS % 2499 GLADES RD. SUITE 309
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)