FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000039329 (4)

1. Corporation Name
JeTCoN Inc
Know as World AREA Multimedia Marketing INC (articles amendment on File)

Principal Place of Business
1317 S.W 27 AVE
Deerfield Beach, Fl
33442

Mailing Address
1317 S.W. 27 AVE
Deerfield, Beach, Fl
33442

2. Principal Place of Business
21 1317 S.W 27 AVE.
Suite, Apt. #, etc.
22 — 0 —
City & State
23 Deerfield Beach, Fl.
Zip
24 33442
Country
25 U.S.A.

2a. Mailing Address
26 1317 S.W 27 AVE
Suite, Apt. #, etc.
27 — 0 —
City & State
28 Deerfield Beach, Fl
Zip
29 33442
Country
30 USA

3. Date Incorporated or Qualified: 5/17/1995
3a. Date of Last Report:
4. FEI Number: 65-0578985 — 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
Salvi Mario A.
3030 N.E. 47 ST
Lighhouse Point, Fl. 33064

10. Name and Address of New Registered Agent
81 Name: Salvi Mario A.
82 Street Address (P.O. Box Number is Not Acceptable): 1317 S.W 27 AVE
83 — 0 —
84 City: Deerfield Bch FL
85 Zip Code: 33442

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	Salvi, Mario A.	
STREET ADDRESS	3030 N.E 47 ST	
CITY-ST-ZIP	Lighthouse PT. Fl 33064	
TITLE	D	☒ DELETE
NAME	Salvi, Shelly D.	
STREET ADDRESS	3030 N.E 47 ST	
CITY-ST-ZIP	Lighthouse PT. Fl 33064	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, VP	☐ Change ☒ Addition
1.2 NAME	Michael Gerike	
1.3 STREET ADDRESS	1317 S.W 27 AVE	
1.4 CITY-ST-ZIP	Deerfield Bch, Fl 33442	
2.1 TITLE	D, VP	☒ Change ☐ Addition
2.2 NAME	Mario A. Salvi	
2.3 STREET ADDRESS	1317 S.W 27 AVE	
2.4 CITY-ST-ZIP	Deerfield Bch, Fl. 33442	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800001831278
-05/21/96--01013--038
***225.00

5-2-96

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 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: Mario A. Salvi 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)