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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN I # P950 IA WORLDWIDE INVESTI	OOO43663 (O) MENTS, INC.	)			
Principal Place	e of Business	Mailing Address	<del></del>			
,		_	701 BRICKELL AVE.			
701 BRICKELL AVE. SUITE 850		SUITE 850				
MIAMI FL 331	31	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		<b>06/06/1995 4.</b> FEI Number Applied For	$\dashv$
21	26		(Maining y last ess		65-0593199 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CQ 75 Addisonal	~
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State			8. Election Campaign Financing \$5.00 May Be	コ
23		28	26		Trust Fund Contribution Added to Fees	
Zip	<u>├</u> ──┐		Country	/	8. This corporation owes or has paid the current year Intangible	
24	25   g. Name and Address of Cu	29   rrent Registered Agent	30		Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent	$\dashv$
SII	LLIVAN, JOHN S		81	Name		$\dashv$
701 BRICKELL AVE.				Ctropt Ada	don't DO Day Number to Net Assemble	-1
SUITE 850			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	VMI FL 33131		83	<u> </u>		_
	***************************************		84		lee T. O. v.	
			54	City	FL 85 Zip Code	Į
11. Pursuant of office or nagent. I a SIGNATURE	to the provisions of Sections 607, egistered agent, or both, in the S in familiar with, and accept the o	.0502 and 607.1508, Florida State Itate of Florida. Such change was bligations of, Section 607.0505, F	utes, the abov authorized b Torida Statute	e-named cor y the corpora s	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	3 <b>d</b>
	Signature typed or printed name of registure			ent signature requ	uired when reinstating) OATE	_
12.	OFFICERS DPST	ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addit	
TITLE NAME	DE OTADUY, JAVIER		1.1 TITLE		Change LI Addit	,OII
			1.2 NAME	* abouto		
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			- {
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NAME			3.2 NAME		- <del></del>	
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CITY-ST-ZIP			3.4. CITY-	ST - ZIP		j
THILE	☐ DELETE		4.1 TITLE		Change Addit	ion
NAME			4. 2 NAME			- }
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NAME			5.2 NAME	l l		- 1
STREET ADDRESS				T ADDRESS		- ]
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TITLE	DELETE		6.1 TITLE	}	Change Addit	ion
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		- 1

14. Thereby 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 to r 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 open povertion 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 or on an attachment with an address

April 7, 1998

305-381-8340

**FILED** 

Apr 24 1998 8:00am

Secretary of State