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 # P95000044572 (2)

1. Corporation Name

WORLD TRADERS AND SHIPPERS, INCORPORATED

Principal Place of Business
10669 NW 2 CIR
PEMBROKE PINES FL 33026

Mailing Address
10669 NW 2 CIR
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: 06/04/1995

3a. Date of Last Report

2. Principal Place of Business
21 4980 S.W. 52ND ST
Suite, Apt. #, etc.
22 BAYS #110
City & State
23 DAVIE FLORIDA
Zip 24 33314 Country 25 U.S.A

2a. Mailing Address
26 4980 SW. 52ND st
Suite, Apt. #, etc.
27 Bay #110
City & State
28 DAVIE FLA
Zip 29 33314 Country 30 U.S.A

4. FEI Number 65-0587403 ☐ 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**

SANSARICO, BERNARD
10669 NW 2 CIR
PEMBROKE PINES FL 33026

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: ______ DATE ______

12. OFFICERS AND DIRECTORS

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	
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	P-V-S.-	☒ Change ☐ Addition
1.2 NAME	ALEJANDRA SANSARICQ	
1.3 STREET ADDRESS	10669 N.W. 2ND CIRCLE	
1.4 CITY-ST-ZIP	PEMBROKE PINES FLA 33026	
2.1 TITLE	T-	☐ Change ☒ Addition
2.2 NAME	MAURICE DENIS	
2.3 STREET ADDRESS	2525 LINCOLN AVENUE	
2.4 CITY-ST-ZIP	MIAMI FLA 33233	
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		

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***225.00

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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: Alejandra Sansaricq President 5/17/96 954-321-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #