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Mailing Address
1455 WEST AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Chartharif

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070362 (5)

WORLD WIDE ART, INC.

Principal Place of Business

1455 WEST AVENUE

SUITE SOI SUITE BOI MIAMI BEACH FL 33139-3754 MIAMI BEACH FL 83139 3a. Date of Last Report US 3. Date Incorporated or Qualified 07/29/1996 09/13/1995 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Г 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes **M** No Florida Statuties 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ... PRESS, MARK D 1801 WEST AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI BEACH FL 33139 83 64 City Zip Code 85 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 (NOTE: fingistered Agent's ghature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) Change DELETE Addition TITLE 1,1 TITLE BENNETT, CAROLYN J 1.2 NAME **CR2E034** 1435 West Avenue #801 STREET ADDRESS 1.3 STREET ADDRESS MAMI BEACH PL 33/34 CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS GITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition THIF 3.1 TITLE

6.4 CITY-ST-ZIP

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.

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5.2 NAME

6.1 TITLE

6.2 NAME

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Jun 17 1997 8:00am

Secretary of State