

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088165 (2)

1. Corporation Name
WORLDWIDE INTERNATIONAL TRADING TEAM INC.



Principal Place of Business
8600 SW 109 AVE.
SUITE #218
MIAMI FL 33173

Mailing Address
8600 SW 109 AVE.
SUITE #218
MIAMI FL 33173-4487

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0625356

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

2. Principal Place of Business
21 8600 S.W. 109th AVE.
Suite, Apt. #, etc.
22 # 218
City & State
23 MIAMI FLORIDA
Zip
24 33173

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29 U.S.A.
Country
30

9. Name and Address of Current Registered Agent
MANRIQUE, MARIA L
8600 SW 109 AVE.
SUITE #218
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name ANA MANRIQUE
82 Street Address (P.O. Box Number is Not Acceptable)
8600 S.W. 109th AVE.
83 # 218
84 City MIAMI FL 85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned hereby certifies that the above named person is an officer or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent.

SIGNATURE ANA MANRIQUE
Signature, typed or printed name of registered agent and title if applicable
Date 5/17/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANRIQUE, MARIA L	
STREET ADDRESS	8600 SW 109 AVE., #218	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANA MANRIQUE	
1.3 STREET ADDRESS	8600 S.W. 109th # 218	
1.4 CITY- ST- ZIP	MIAMI FLORIDA 33173	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: MARIA L. MANRIQUE
Signature and typed or printed name of signing officer or director
Date 4/21/97 305-2746549
Daytime Phone

CR2E034 (9/96)