

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90090 050 \*\*\*150.00

DOCUMENT # P96000011496

1. Corporation Name  
WORLD LEGACY, INC.



Principal Place of Business

287 NW 44 AVE  
MIAMI FL 33126  
US

Mailing Address

PO BOX 453235  
MIAMI FL 33125  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0646771

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12307 SW 106 TERR  
Suite, Apt. #, etc.

26 12307 SW 106 TERR  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI, FL

27 City & State  
28 MIAMI, FL

24 Zip  
25 33135

29 Zip  
30 33135

Country  
25 USA

Country  
30 USA

9. Name and Address of Current Registered Agent

ARBOLI, FRANCISCO  
287 NW 44TH AVE  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
82 ARBOLI, FRANCISCO J  
83 Street Address (P.O. Box Number is Not Acceptable)  
12307 S.W. 106 TERRACE  
84 City  
MIAMI  
85 Zip Code  
FL 33135

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP    | DELETE                   |
|-------|---------------------|-----------------|----------------|--------------------------|
| DP    | ARBOLI, FRANCISCO J | 287 NW 44TH AVE | MIAMI FL 33126 | <input type="checkbox"/> |
| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP    | DELETE                   |
| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP    | DELETE                   |
| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP    | DELETE                   |
| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP    | DELETE                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME            | 1.3 STREET ADDRESS     | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|-----------|---------------------|------------------------|-----------------|-------------------------------------|--------------------------|
| DP        | ARBOLI, FRANCISCO J | 12307 S.W. 106 TERRACE | MIAMI, FL 33135 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME            | 2.3 STREET ADDRESS     | 2.4 CITY-ST-ZIP | Change                              | Addition                 |
| 3.1 TITLE | 3.2 NAME            | 3.3 STREET ADDRESS     | 3.4 CITY-ST-ZIP | Change                              | Addition                 |
| 4.1 TITLE | 4.2 NAME            | 4.3 STREET ADDRESS     | 4.4 CITY-ST-ZIP | Change                              | Addition                 |
| 5.1 TITLE | 5.2 NAME            | 5.3 STREET ADDRESS     | 5.4 CITY-ST-ZIP | Change                              | Addition                 |
| 6.1 TITLE | 6.2 NAME            | 6.3 STREET ADDRESS     | 6.4 CITY-ST-ZIP | Change                              | Addition                 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-15-99

Date

Daytime Phone #

CR2E034 (1/1/98)