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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State - -DIVISION OF CORPORATIONS

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DOCUMENT #

## **FILED** May 06 1997 8:00am Secretary of State

ODI	PA WORLD SERVIC	E INC.		•			
Principal Pia	ça of Business	Mailing Address	<del></del>	i	-		
UZ		2nd. St. # 27	5				
	Miami Fl. 3317						
					3. Date Incorporated or Qualified	3a. Date of Last f	Report
2. Principa!	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number	LA	ppliea For
1		26	···		650-652588		lot Applicable
Suite Apt 2	t # etc	Surte, Apt #, etc			5. Certificate of Status Desired	1	Additional lequired
City & Sta	3(1)	City & State			Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Cou	nlry	B. This corporation has liability for it.		<del></del>
4	25	29	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	pistered Agent	
	Pablo J. Perez	z		81 Name			
	9370 S.W. 72nd	d. Street #27	5	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	<del></del>
	MIAMI FL. 3317	73	1	83	<u></u>		
			1	84 City		FL 85 Zip	Code
44 0	La line provisions of Sections 60	7 0502 and 607 1508. Florida S	lalules the at	ove-named cor	rporation submits this statement for the p	* == 1	hereleiner at
office or agent 1	registered agent or both, in the am familiar with and accept the i	State of Florida, Such change violations of Section 607 0505	was authorized 5. Florida Stati	l by the corpora utes	ation's board or directors, i hereby acces	-,	s registered
office or agent I SIGNATURE	registered agent or both, in the am familiar with and accept the interpretation by the led name of realter	red agon) and like if applicable	(NOTE Registered		ured when reinstating)	DATE	······································
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Tam an other 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 8 per 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR