

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

FILED

Jan 22 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 # P96000028081 (3)

1. Corporation Name

WORLD OF DADE INC.

Principal Place of Business  
POST OFFICE BOX 350416  
MIAMI FL 33135-0416

Mailing Address  
POST OFFICE BOX 350416  
MIAMI FL 33135-0416



3. Date Incorporated or Qualified  
04/01/1996

3a. Date of Last Report

4. FEI Number

65-0664008

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

21 201 N.W. 1st Ave

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 Zip

33128

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 350416

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 Zip

33135-0416

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DE LARA, RICARDO F  
13953 S.W. 86TH STREET APT. 508-B  
MIAMI FL 33183

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 607.1506, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME DE LARA, RICARDO F  
STREET ADDRESS 13953 S.W. 86TH ST. #805-B  
CITY - ST - ZIP MIAMI FL  
☐ DELETE

TITLE VSD  
NAME LEON, FERNANDO L  
STREET ADDRESS 650 86TH STREET  
CITY - ST - ZIP MIAMI BEACH FL  
☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director and Secretary  
1.2 NAME Antonio Pablo Vidal  
1.3 STREET ADDRESS 1411 S.W. 16th St.  
1.4 CITY - ST - ZIP Miami, Fl. 33135  
☐ Change ☒ Addition

2.1 TITLE Director and Secretary  
2.2 NAME Leonardo Hernandez  
2.3 STREET ADDRESS 1411 S.W. 16th St.  
2.4 CITY - ST - ZIP Miami, Fl. 33135  
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)

0195157

CR2E034 (9/96)