

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028676 (0)

1. Corporation Name  
**PARNELL WORLDWIDE, INC.**



Principal Place of Business <b>1000 MICHIGAN AVE., #607 MIAMI BEACH FL 33139</b>	Mailing Address <b>1000 MICHIGAN AVE., #607 MIAMI BEACH FL 33139-4875</b>
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3. Date Incorporated or Qualified <b>03/27/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21. <b>450 NE 91 STREET</b> Suite, Apt. #, etc.	2a. Mailing Address 26. <b>450 NE 91 STREET</b> Suite, Apt. #, etc.
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4. FEI Number <b>65-0661652</b>	Applied For <input type="checkbox"/> Not Applicable
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22. City & State 23. <b>MIAMI SHORES, FL</b>	27. City & State 28. <b>MIAMI SHORES, FL</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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24. Zip <b>33138</b>	25. Country <b>USA</b>	29. Zip <b>33138</b>	30. Country <b>USA</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SCHMIDHOFER, MARIANNE 1000 MICHIGAN AVE., #607 MIAMI BEACH FL 33139</b>	
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10. Name and Address of New Registered Agent	
81. Name <b>MARIANNE SCHMIDHOFER</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>450 NE 91 STREET</b>	
83.	
84. City <b>MIAMI SHORES FL</b>	85. Zip Code <b>33138</b>

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: *Marianne Schmidhofer*  
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	<input type="checkbox"/> DELETE <b>P SCHMIDHOFER, HANS-PETER 1000 MICHIGAN AVE., #607 MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>V SCHMIDHOFER, MARIANNE 1000 MICHIGAN AVE., #607 MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HANS-PETER SCHMIDHOFER 450 NE 91 STREET MIAMI SHORES, FL 33138</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARIANNE SCHMIDHOFER 450 NE 91 STREET MIAMI SHORES, FL 33138</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marianne Schmidhofer* April 25, 1997 305 759-0044  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)