

05/14/99 11:04 FAX 305 412 4141
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

BAROUH PERERA

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90024 007 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000030814 (3)
1. Corporation Name
WORLD WIDE REMOTE CORP

Principal Place of Business
**16940 S.W 87 AVE
Miami FL 33157**

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified

04-09/96

4. FEI Number
65-0675440222412

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
21 **16940 S.W 87 AVE**

2a. Mailing Address
25 **PO Box 571202**

Suite, Apt. #, etc.
22 **Miami**

Suite, Apt. #, etc.
27

City & State
23 **Miami FL**

City & State
28 **Miami FL**

Zip Country
24 **33157** 25 **U.S.A**

Zip Country
29 **33257** 30 **U.S.A**

9. Name and Address of Current Registered Agent

**ORDONEZ HERMAN
16940 S.W 87 AVE
Miami, FL 33157**

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 607.1508, 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]**
Signature, typed or printed name of registered agent and title is acceptable

(NOTE: Registered Agent signature is required when reappointing)

5-1-99
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	V.P. ORDONEZ HERMAN
STREET ADDRESS	16940 S.W 87 AVE Miami FL 33157
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PT LOPEZ PEDRO F
STREET ADDRESS	16940 S.W 87 AVE Miami FL 33157
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V.P. ORDONEZ HERMAN
1.3 STREET ADDRESS	16940 S.W 87 AVE Miami FL 33157
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PT LOPEZ PEDRO
2.3 STREET ADDRESS	6912 S.W 148 AVE Miami FL 33153
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 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, with all other like empowered.

SIGNATURE: **[Signature]** PRESIDENT

MAY-1-99

Date

Daytime Phone #