

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033426 (3)**

1. Corporation Name

WORLD PROCUREMENT SERVICES INC.

Principal Place of Business

**626 N.E. 195TH STREET
NORTH MIAMI FL 33179**

Mailing Address

**626 N.E. 195TH STREET
NORTH MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0678689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BOUCHER, FABRICE
626 N.E. 195TH STREET
NORTH MIAMI FL 33179**

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 119.07 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent, or both, in the State of Florida. If no 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 jurisdiction of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Authorized Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOUCHER, FABRICE	
STREET ADDRESS	626 N.E. 195TH STREET	
CITY, ST, ZIP	NORTH MIAMI FL 33179	
TITLE	ST	☐ DELETE
NAME	BESSE, THIERRY	
STREET ADDRESS	626 N.E. 195TH STREET	
CITY, ST, ZIP	NORTH MIAMI FL 33179	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN YEAR

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	☐ Change ☐ Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	☐ Change ☐ Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	☐ Change ☐ Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	☐ Change ☐ Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	☐ Change ☐ Addition

600002522946

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I understand the consequences of this statement.

SIGNATURE:

Fabrice Boucher 04-27-98