

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000033799 (3)

1. Corporation Name

THE WORLD FANTASY, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
121 SE 1ST STREET STE #906 MIAMI FL 33131 US		121 SE 1ST STREET STE #906 MIAMI FL 33131 US	
2. Principal Place of Business		2a. Mailing Address	
21 121 SE 1st STREET		26 121 SE 1st STREET.	
Suite, Apt. #, etc. 22 STE # 908		Suite, Apt. #, etc. 27 STE # 908	
City & State 23 MIAMI FL. 33131		City & State 28 MIAMI FL.	
Zip 24 33131		Zip 29 33131	
Country 25 US		Country 30 US	

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

65-0663009

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MELO, ANTONIO C  
7946 E. DR., APT. 211  
NORTH BAY VILLAGE FL 33141

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MELO, ANTONIO C	1.2 NAME	
STREET ADDRESS	7946 E. DR., APT. 211	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	
TITLE	DTS	2.1 TITLE	
NAME	MELO, VIOLETA L	2.2 NAME	
STREET ADDRESS	7946 E. DR., APT. 211	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	CESAR, MARCOS M	3.2 NAME	
STREET ADDRESS	7946 E. DR., APT. 211	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002517756  
-05/11/98--01002--003  
\*\*\*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)(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) 12/1/98 (305)

CR2E034 (10/97)