
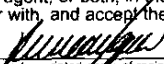


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90015 049 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000058324					
1. Corporation Name WORLDWIDE RESOURCES RCK, INC.					
Principal Place of Business 10350 W HARBOR DR STE #5-M BAY HARBOR ISLAND FL 33154 US			Mailing Address 10350 W HARBOR DRIVE STE #5-M BAY HARBOR ISLAND FL 33154 US		
2. Principal Place of Business 21 18181 NE 31ST CT Suite/Apt. #, etc. 22 2603 City & State 23 AVENTURA - FLORIDA Zip Country 24 33160 25 USA		2a. Mailing Address 26 P.O. Box 013052 Suite, Apt. #, etc. 27 City & State 28 MIAMI - FLORIDA Zip Country 29 33101 30 USA		3. Date Incorporated or Qualified 07/10/1996	
4. FEI Number 65-0681765		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent CUSICANQUI, ROBERTO 9204 SW 97TH AVE MIAMI FL 33176			10. Name and Address of New Registered Agent 81 Name CUSICANQUI ROBERTO 82 Street Address (P.O. Box Number is Not Acceptable) 18181 NE 31ST CT. SUITE # 2603 83 84 City AVENTURA FL 85 Zip Code 33160		
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  PRESIDENT DATE MAY - 1 - 99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUSICANQUI, ROBERTO	1.2 NAME	CUSICANQUI ROBERTO		
STREET ADDRESS	9204 SW 97TH AVE	1.3 STREET ADDRESS	18181 NE 31CT. SUITE # 2603		
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	AVENTURA FL-33160		
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, CARMEN N	2.2 NAME	WOOD CARMEN		
STREET ADDRESS	9204 SW 97TH AVE	2.3 STREET ADDRESS	18181 NE 31CT SUITE #2603		
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	AVENTURA - FL-33160		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **ROBERTO CUSICANQUI**

MAY - 1 - 99 305-733-7750
Date Daytime Phone #

CR2E034 (11/98)

0573834