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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068477

WORLDWIDE RENTALS, INC.

Principal Place of Business Mailing Address
2445 NW 39 AVE 2445 NW 39 AVE

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90132 043 ***150.00



MIAMI FL 38130		MIAMI FL 33130					DO NOT WR	ITE IN TH	IS SPACE	
					ŀ	3. Date I	ricorporated or Qualifed			
-	- 194 - 1				Í		9/1996		-	
2. Principal Place of Business		2a. Mailing Address			—— <u>—</u>	4. FEI N			A	pplied For
21		26				65-0	696929		N	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				E Cartife	ate of Status Desired		\$8.75	A Iditional
22		27				a. Cermo	Tate of Status Desired		Fee R	ecluired
City & State		City & State				6. Election	on Campaign Financing		\$5.00	May Be
23		28				Trust	Fund Contribution		Added	tc Fees
Zip	Courtry	Zip	Cou	ntry			orporation owes the cur	rent year		
24	25	29	30				r al Property Tax.		Yes	∐No
	9. Name and Address of Curren	Registered Agent		nal Ni.		10. Name	and Address of New	Registere	d Agent	
DAD	VETT TIMOTHIN V			81 Nan	ne					
BARKETT, TIMOTHY K 19 W Flagler Street Ste 1212				82 Stre	et Address	(P.O. Bo	Number is Not Accept	table)		
							- 			
MAN	Al FL 33130			83						
				84 City					85 Zip	Code
				. '				<u>F</u>		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and a cept the obliga	of Florida, Such change was i	authorized	DV IDO CO	ed,corpora orporation's	ition_subm board of	ts_this_statement.for_this directors. I hereby acce	e purpose opt the app	of changing it ointment as r	s registered ecistered
SIGNATURE										
	Signature, typed or printed no me of registered ager			Agent signatu	ire required wh		ONS/CHANGES TO O	DATE	AND DIRECT	DI2S IN 12
12.		DIRECTORS DELETE	13.			ADDITI	DNS/CHANGES TO U	rricers .	Change	
TITLE	P	☐ DELETE	1.1 TIT						onlarige	
NAME	FIDALGO, CARLOS		1.2 NA							
STREET ADDRESS	2445 NW 39 AVE		1.3 ST	REETADDRE	SS					
CITY-ST-ZIP	MIAMI FL 33142			TY-ST-ZIP					Change	Addition
TITLE	VP	☐ DELETE	2.1 TIT						□ Criange	Audition
NAME	FIDALGO, DENNIS		2 2 NA	ME						
STREET ADDR :SS	2445 NW 39 AVENUE		2.3 ST	REET ADDRE	SS					
CITY-ST-ZIP	MIAMI FL 33142		_	TY-ST-ZIP						
TITLE		☐ DELETE	3.1 TI	ΓLE					Change	Addition
NAME			3.2 NA	ME						
STREET ADORESS			3.3 ST	REET ADDRE	SS					
CITY-ST-ZIP	<u> </u>		3.4. CI	TY-ST-ZIP						
TITLE		☐ DELETE	4.1 TI	LE	İ				Change	☐ Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4 3 ST	REET ADDRE	ss					
CITY-ST-ZIP			4.4 CT	TY-ST-ZIP						
TITLE		☐ DELETE	5.1 TI	ΠLE					☐ Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET ADDRE	SS					
CITY-ST-ZIP			5 4 CI	TY-ST-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE .	T				☐ Change	Addition
NAME	. 44		6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET ADDRE	ss					
CITY-ST-ZIP	A. 1		6.4 CI	TY-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify or 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 both; that 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-91 305 87,7576