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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077099 (5)

WORLDWIDE IMPORTS OF PALM BEACH, INC.,

Principal Place of Business

Mailing Address

180 GLADES ROAD

180 GLADES ROAD

FILED May 16 1997 8:00am Secretary of State



BOCA RATON FL 33432			BOCA RATE	BOCA RATON FL 33432-1605						
							3. Date Incorporated or Qualified 09/17/1996	3s. Date of	Last Report	
2. Principal Place of Business			2a. Mailing	2a. Mailing Address			4. FEI Number	,	Applied For	
21			26				65-0695003		Not Applicabl	
Sulte, Apt. #, etc.			Suite, #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & S	City & State			6. Election Campaign Financing			
Zip Country			28	Zip Country			1105, 1 0110 001111111111111111111111111			
	25			29		.,	8. This corporation has liability for istangible tax under s. 199.032, Florida Statutes Yes No			
4	o Name		urrent Registered Ag	gent	30		10. Name and Address of New Re			
MOI				<u> </u>	8	1 Name				
MOLYNEUX, BERNARD 570 GOLDEN HARBOR DRIVE										
	A RATON				82 Street Addre		ddress (P.O. Box Number is Not Acceptat	ole)		
500	W. 1811-011	1 2 00102			8	3				
					8	4 City		FL 85	Zip Code	
office or r agent. I a	egistered ac	ient, or both, in the l	7,0502 and 607, 1508, State of Florida, Such obligations of, Section	change was a	authorized	by the corpo	orporation submits this statement for the prairies acceptation's board of directors. I hereby accept	pt the appointm	iging its registered ent as registered	
SIGNATURE	Signature, lyped	or printed name of register	ed agent and litte if applicable	le (NOT	£ Registored /	gent signature re	quired when reinstating)	DATE		
12.		OFFICER:	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 12	
TITLE	D			☐ DELETE	1.1 TITL				hange 🔲 Additio	
NAME		ux, Bernard			1.2-NAM	£				
STREET ADDRESS		DEN HARBOR DE	RIVE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BOCA R	ATON FL 33432			1.4 CITY	- S1- ZIP				
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STREET ADDRESS					6.3 \$THE	ET ADDRESS				
CITY-ST-ZIP					64 CITY	-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion 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 ardress.