

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000086617 (3) 1. Corporation Name GUEST SERVICES WORLDWIDE, INC.			
Principal Place of Business SUITE 300 ROCHESTER BLDG. 8390 N.W. 53RD STREET MIAMI, FL		Mailing Address SUITE 300 ROCHESTER BLDG. 8390 N.W. 53RD STREET MIAMI, FL	
2. Principal Place of Business 21 20201 NE 15 CT Suite, Apt. #, etc.		2a. Mailing Address 26 20201 NE 15 CT Suite, Apt. #, etc.	
22 City & State 23 No. Miami Florida		27 City & State 28 No. Miami Florida	
24 Zip 33179 Country Dade		29 Zip 33179 Country Dade	
9. Name and Address of Current Registered Agent / RUSTIN, RICHARD B. / / SUITE 300 ROCHESTER BLDG. / / 8390 N.W. 53RD STREET / / MIAMI, FL 33186 / ** **RESIGNED 4/1/98			
10. Name and Address of New Registered Agent 81 Name Neil M. Goodman 82 Street Address (P.O. Box Number is Not Acceptable) 7520 Magellan Cr. #731 83 84 City Aventura FL 85 Zip Code 33180			
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 <i>Neil M. Goodman</i> DATE 4/28/98			
12. OFFICERS AND DIRECTORS 1.1 TITLE PSD 1.2 NAME GOODMAN, NEIL 1.3 STREET ADDRESS 8390 N.W. 53RD ST. SUITE 300 X 1.4 CITY-ST-ZIP MIAMI FL 33186 X 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 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 recorder 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 a attachment with an address. SIGNATURE: <i>Neil M. Goodman</i> DATE 4/30/98 (305) 770-5466			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1996	
4. FEI Number 59-3425231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)