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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086617

1. Corporation Name

GUEST SERVICES WORLDWIDE, INC.

G0201 (
Principal Place of Business Mailing Address							.,		
20201 NE 15 CT 20201 NE 15 CT 8390 N.W. 53RD STREET 8390 N.W. 53RD STREET						DO NOT WRIT	F IN THIS S	SPACE	
N MIAMI FL 33179 US N MIAMI FL 33179 US						3. Date Incorporated or Qualifed			
03		0 0				10/18/1996			
2 Principal Pi	lace of Business	2a. Mailing Address	_	_		4. FEI Number		777	Applied For
21 26						59-3425231			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							S	\$8.75	Additional
22 27						5. Certifcate of Status Desired	A	Fee	Required
City & State City & State						6. Election Campaign Financing			O May Be
23	·	28			- 100	Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curre	ent year Inta		
24	25		30		_	Personal Property Tax.		Yes	□No
	9, Name and Address of Curre	ent Registered Agent	<u> </u>	-17-	Nema	10. Name and Address of New R	egisterea A	denr	
000	DRAAN N		8	1	Name				
GOODMAN, N 7520 MAGELLAN CIR			8	2	Street Addre	ress (P.O. Box Number is Not Acceptable)		•	
STE			8	+					
	731 NTURA FL 33180		°	3					
AVEI	110HK FE 33100		8	4	City		FL	85 Zi	p Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Fiorida. Such change was al	Jinonzea C	IV LI	named corpo he corporation	oration submits this statement for the n's board of directors. I hereby accept	purpose of on the purpoin	changing tment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered a	and title if andicable (NOTE:	Registered Ac	ent :	signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	-				Chang	e 🗌 Addition
NAME	GOODMAN, NEIL		1.2 NAM	E					Ì
STREET ADDRESS	THE STATE OF LAND OF STEET	31	1.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180	•	1.4 CITY	ST-	ZIP				
TITLE		☐ DELETE	2.1 TITLE	 :				Chang	e Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET A	ADDRESS				
C/TY-ST-ZIP			2. 4 CITY	′-ST	ZIP				
TTILE		☐ DELETE	3.1 TITLE	Ē	•	esting = p g	,	Chang	e Addition
NAME			3.2 NAM	E			•		
STREET ADDRESS			3.3 STRE	ET/	ADDRESS				İ
CITY-ST-ZIP			3.4. CITY	-ST	-ZIP			Chang	- D Addition
TITLE		☐ DELETE	4.1 TITLE					chang	e 🔲 Addition
NAME			4. 2 NAW						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		D pc: crr	4.4 CITY		-ZIP			Chang	re Addition
TITLE		☐ DELETE	5.1 TITL					C) Stierry	
NAME			5.2 NAM		ANNDESS			•	
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL		-217			Chang	je 🗌 Addition
TITLE		□ nere (e	6.2 NAM					والمداح ب	,
NAME					ADDRESS				
OTDEET ADDDESO									

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 reports 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 adactment of the corporation of the receiver o

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(305) 770 . 0 977