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 # P96000088291 (5)

WORLD GROUP, INC.

Principal Place of Business Mailing Address 444 BRICKELL AVE. STE 820 444 BRICKELL AVE. STE 820 MIAMI FL 33131 MIAMI FL 33131-2407 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65- N 26 Not Applicable Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COELLO, LUIS G 81 Name 444 BRICKELL AVE. STE 820 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 Zip Code 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered trida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered sof, Section 607.0505, Florida Statutes. 11. Pursuant to t office or regi (NOTE: Registered Agent signature required when reinstating) 12 FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition COELLO, LUIS G NAMI 1.2 NAME 444 BRICKELL AVE. STE 820 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 1.4 CITY - ST - ZIP COLY-ST 2H DELETE Addition TIFLE 2.1 TITLE Change NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CHY-ST-28 2. 4 CITY - ST - ZIP DELETE Change THE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIE DELETE BHE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2if DELETE Change Addition HILLE 5.1 TITLE 5.2 NAME NAUS STREET ADORESS **5.3 STREET ADDRESS**

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 City-St-Zip

61 TITLE

62 NAME

DELETE

SIGNATURE:

 I do hereby certify that the information individed on

Lam an officer & direct appears in Block 12 or

le information supplied this arigual report or su

CHY-\$1-20° THE

STREET AFORESS

\$11Y-\$1-76

NAME

4/21/97 305.371.

fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the at annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and ment with an address.

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State