


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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000100083 (0)**

1. Corporation Name

**WORLDWIDE CUSTOMS BROKERS, ICN.**

Principal Place of Business

Mailing Address

**2801 NW 74 AVE., STE. 225  
224  
MIAMI FL 33122  
US**

**2801 NW 74 AVE., STE. 225  
224  
MIAMI FL 33122  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1996**

4. FEI Number

**65-0724680**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>2801 NW 74 Ave #217</b>	26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>#217</b>	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI, FLORIDA</b>	City & State 28
Zip 24 <b>33122</b>	Country 25 <b>USA</b>
	29

9. Name and Address of Current Registered Agent

**QUINTERO, VIVIAN  
2801 NW 74 AVE., STE. 225  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTERO, VIVIAN</b>	1.2 NAME	<b>VIVIAN QUINTERO</b>
STREET ADDRESS	<b>14233 SW 54 ST.</b>	1.3 STREET ADDRESS	<b>12220 SW 70 Court</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>	1.4 CITY - ST - ZIP	<b>MIAMI, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RESTREPO, MAURICIO</b>	2.2 NAME	<b>MAURICIO RESTREPO</b>
STREET ADDRESS	<b>14233 SW 54 ST.</b>	2.3 STREET ADDRESS	<b>12220 SW 70th Court</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>	2.4 CITY - ST - ZIP	<b>MIAMI, FL 33156</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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.

SIGNATURE:

*Vivian Quintero*

4/27/98 305-593-2281

CR2E034 (10/97)