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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90119 010 ***150.00

DOCUMENT # P96000101924

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

G. WORLD WIDE ENTERPRISES IMPORT & EXPORT, INC.

-	<u>.</u>						
Principal Place	e of Business	Mailing Address			- I LOBITED THE POLICE STATE OF THE STATE OF THE	######################################	
4052 S.W. 5TH STREET 4092 S.W. 5TH STREET		4092 S.W. 5TH STREET					
PLANTATION FL 33317 PLANTATION FL 33317		PLANTATION FL 33317			DO NOT WRITE IN TH	HE EDACE	
		P. O. BOX 179	7//		3. Date Incorporated or Qualifed	115 SPACE	-
		/ - /	•		12/18/1996		ļ
2 Delegand D	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
	lace of Business	<u> </u>			65-0719868	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22 27				5. Certifcate of Status Desired	Fee Rec		
City & State City & State			-	6. Election Campaign Financing	\$5.00	May Re	
23	-	28			Trust Fund Contribution	Added to	
Zip	Country		Country		8. This corporation owes the current year	Intangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name	•	•	
LAMM, GEMA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4052 S.W. 5TH STREET			\ ``	Oli Coli Addico	oss (1:0. Box Hallison to Hotel toospice)		
PLANTATION FL 33317		83					
			84	City	F	85 Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorized.							registered
agent. I a	im familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida	ized by Statutes	the corporation	n's board of directors. I hereby accept the ap	pointment as reg	istered ^ - l
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Regis	tered Ager	nt signature required	when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	LAMM, GEMA		1.2 NAME				
STREET ADDRESS	AGEG CIAL ETTL OTOFET		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	Addition
NAME	2.2 N		2.2 NAME				ţ
STREET ADDRESS	23 5		2.3 STREE	T ADDRESS	• •		ĺ
CITY-ST-ZIP	ZIP		2. 4 CITY-5	ST-ZIP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			Change	☐ Addition
NAME	32 N		3.2 NAME				. 1
STREET ADDRESS		<u>I</u>	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	1	·	3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME)	·]	4. 2 NAME				1
STREET ADDRESS			4.3 STREE	TADDDESS	•		
CITY-ST-ZIP		B	4.3 3 INEE	I ADDRESS			
TITLE			4.4 CITY - <u>S</u>				
1	l .					Change	Addition
NAME		□ DELETE	4.4 CITY - S			Change	Addition
- STREET ADDRESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME			-	Addition
ļ		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		<u> </u>	-
- STREET ADDRESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP		-	Addition

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 copporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: