

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

FILED
May 13 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 # P97000030225 (1) 1. Corporation Name DNM Worldwide Services Corp.			
Principal Place of Business		Mailing Address	
7478 N.W. 8th St. Miami, FL 3326		7478 N.W. 8th St. Miami, FL 33126	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Cussato, Dante 7478 N.W. 8th St. Miami, FL 33126		81 Name Juan O. Chavez	
		82 Street Address (P.O. Box Number is Not Acceptable) 11201 No. Kendall Dr., Apt. A-102	
		83	
		84 City Miami	
		85 Zip Code FL 33176	
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>[Signature]</i>		Juan O. Chavez 4/27/98 (305) 262-3338	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cussato, Dante	1.2 NAME	
STREET ADDRESS	8313 S.W. 148th Ct.	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33193	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Granda, Javier M.	2.2 NAME	
STREET ADDRESS	9731 Fontainebleau Blvd., Apt. 210	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33172	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chavez, Juan O.	3.2 NAME	
STREET ADDRESS	11201 No. Kendall Dr., Apt. A-102	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33176	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	000002525180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/15/98--01049--006
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
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: <i>[Signature]</i>		Juan O. Chavez 4/27/98 (305) 262-3338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)