

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050804 (8)
 1. Corporation Name
MIAMI WORLD WIDE REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 329 EAST 9TH STREET SUITE 201 HIALEAH FL 33010		Mailing Address 329 EAST 9TH STREET SUITE 201 HIALEAH FL 33010	
2. Principal Place of Business 21 265 IROQUOIS-ST. Suite, Apt. #, etc.	2a. Mailing Address 26 265 IROQUOIS-ST. Suite, Apt. #, etc.	3. Date incorporated or Qualified 06/06/1997	4. FEI Number 65-0763629
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 MIAMI SPRINGS City & State	28 MIAMI SPRINGS City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33166 Zip	25 FL. Country	29 33166 Zip	30 FL. Country

81 Name OTH ELFRIEDE	85 Zip Code 33166
82 Street Address (P.O. Box Number is Not Acceptable) 265 IROQUOIS-STREET	
83 MIAMI SPRINGS	
84 City	

9. Name and Address of Current Registered Agent
PEREZ, JOSE A
329 EAST 9TH STREET
SUITE 201
HIALEAH FL 33010

10. Name and Address of New Registered Agent
 81 Name **OTH ELFRIEDE**
 82 Street Address (P.O. Box Number is Not Acceptable)
265 IROQUOIS-STREET
MIAMI SPRINGS
 84 City
FL 85 Zip Code **33166**

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: *S. Elfriede Oth* DATE: **2/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTH, ELDRIEDE	1.2 NAME	
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTH, ELDRIEDE	2.2 NAME	
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTH, ELDRIEDE	3.2 NAME	
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	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 my attachment with an address.

SIGNATURE: *S. Elfriede Oth*

2/23/98

CR2E034 (10/97)