

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

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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000050804**

1. Corporation Name
MIAMI WORLD WIDE REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 265 IROQUOIS ST
 MIAMI SPRINGS FL 33166
 US

Mailing Address
 265 IROQUOIS ST
 SUITE 201
 MIAMI SPRINGS FL 33166
 US

3. Date Incorporated or Qualified
06/06/1997

2. Principal Place of Business
 21 **115 North Shore Dr.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **265 IROQUOIS ST.**
 Suite, Apt. #, etc.

4. FEI Number
65-0763629

Applied For
 Not Applicable

22 **Miami Beach FL**
 City & State

27 **Suite 201**
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **33141** **DADE**
 Zip Country

28 **Miami Springs FL**
 City & State

29 **33166** **DADE**
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33141** **DADE** **33166** **DADE**
 Zip Country Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELFRIEDE, OTH
265 IROQUOIS ST
MIAMI SPRINGS FL 33166

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 *Elfriede Oth* **1/12/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	OTH, ELDRIEDE
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201
CITY-ST-ZIP	HIALEAH FL 33010
TITLE	S <input type="checkbox"/> DELETE
NAME	OTH, ELDRIEDE
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201
CITY-ST-ZIP	HIALEAH FL 33010
TITLE	T <input type="checkbox"/> DELETE
NAME	OTH, ELDRIEDE
STREET ADDRESS	329 EAST 9TH STREET, SUITE 201
CITY-ST-ZIP	HIALEAH FL 33010
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Elfriede Oth* **1/12/99 (305) 884 1830**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)