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**

DOCUMENT # P9700055574

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90098 014 ***150.00

1. Corporatio	n Name	000017							
INTERW	ORLD TECHNOLOGIES COR	P							
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Principal Place of Business Mailing Address							1814) 48 311 4818 1	MINES MINES MISSES	2011 BIEL 1981
19650 NW 83 AVE. 19650 NW 83 AVE.						1			
MIAMI FL 33015 MIAMI FL 33015						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifer	DO NOT WRITE IN THIS SPACE		
·						06/24/1997			ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For
21 8181	NW 83 AV	26				65-0782788		 	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							· —	\$8.75 A	
22 8						5. Certificate of Status Desired		Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23 1	poirol Ime	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the cu	rrent year Int		
24 331	66 25 USA		30			Personal Property Tax.		_	□No
	9. Name and Address of Current	Registered Agent		B1 Nan		10. Name and Address of New	Kegistered	Agent	
NAR	RANJO, GERMAN			nan inan	16				
19650 NW 83 AVE.			- [32 Stre	reet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33015			-	B3					
2,			,	23					
of the state of th			1	84 City		FL 85 Zip Code			Ĩ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-nam	ed corpo	pration submits this statement for th	e purpose of	changing its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligati	f Florida, Such change was au ons of, Section 607,0505, Flori	ithorized ida Statu	by the co es.	rporatio	n's board of directors. I hereby acc	ept the appoi	ntment as rec	istered
Ī	and doopt are congar	010 01, 00000. 001.0000 7.00.							ľ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered /	gent signati	re required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE .	P	☐ DELETE	1.1 TIT).	E				☐ Change	☐ Addition
NAME	NARANJO, GERMAN		1.2 NAM						
STREET ADDRESS	19650 NW 83 AVE.		1.3 STR	EET ADDRE	SS				
CITY-ST-ZIP	MIAMI FL 33015			/-ST-ZIP	—				C7 Addition
TITLE	V ANDREAS ANABIOTIA	DELETE	2.1 TITL					Change	Addition
NAME	SARDINAS, MARICELA		2.2 NA		}				{
STREET ADDRESS	19650 NW 83 AVE.		2.3 STR	EET ADDRE	SS				ĺ
CITY-ST-ZIP	MIAMI FL 33015	O per circ	_	Y-ST-ZIP	+-			Chanas	- Addition
TITLE		☐ DELETE	3.1 TTTL			~~		Change	Addition .
NAME			~ 3.2 NAN	IL .	- 1		_ •		
STREET ADDRESS	•				ر آ مہ				
CITY-ST-ZIP	1 .			EET ADDRE	ss∫ ′				
777.5		C DELETE	3.4. CIT	Y-ST-ZIP	ss '			Change	Addition
TITLE		☐ DELETE	3.4. CIT 4.1 TITL	Y-\$T-ZIP E	ss /		_ . ••	Change	Addition
NAME		☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NA	Y-ST-ZIP E ME				Change	Addition
NAME STREET ADDRESS		☐ DELETE	4.1 TITL 4.2 NA 4.3 STR	Y-ST-ZIP E ME EET ADORE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.4. CIT 4.1 TITL 4. 2 NA 4.3 STR 4.4 CIT	Y-ST-ZIP E ME EET ADORE Y-ST-ZIP					
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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR