SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000072911 (5)

WORLD TRADING REPRESENTATIVES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Sep 18 1998 8:00am Secretary of State



6073 NW 167 S' MIAMI FL 33015		6073 NW 167 ST STE C7 MIAMI FL 33015		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1997							
2. Principal Place of Business 21 4073 N.W. 167 ST Suite, Apt. #, etc. # 7 City & State 23 MIAMY FLORIDA		2a. Mailing Address 26 P 0 B07-170885 Suite, Apt. #, etc. 27 City & State 28 H / A VEH # FLOR (D)		4. FEI Number 0783386 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8e Added to Fees							
						Zip 24 33015	Country 25 D S A	29 33017-0885 30	Country S.M.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You	
						ROMI	 Name and Address of Current ERO, EFRAIN 	Registered Agent	81 Namo	10. Name and Address of New Registered Agent	
	NW 167 ST STE C7		82 Street Address (P.O. Box Number is Not Acceptable)								
MIAN	II FL 33015		83								
			84 City	FI 85 Zip Code							
office or re		Florida, Such change was autho	rized by the corporation	ation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered							
SIGNATURE	Stanature, typed or printed name of registered agent a	MOTE P	egistered Agent signature requ	ired when reinstating) DA16							
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2 (86/9)						
TITLE	BONER EFRAIN G. ROME 6073 N.W. 167 D MIAMI FL. 3	DELFIE	STITLE OL	NNOR CHARGO Change Addi	tion 9						
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CITY-S1-ZIP			3.4 CITY-ST-ZIP	/ · / <i>a</i>							
indicated or an officer of	n this annual report or supplemental ar	nual report is true and accurate a ver or trustee empowered to exe	and that my signature :	ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears							

8-5-98

(305)828-0782