

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

FILED
May 05 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 # P97000077877			
1. Corporation Name BS'S WorldWide Distribution, Inc.			
Principal Place of Business 10530 S.W. 149th St. Miami, FL 33176		Mailing Address 10530 S.W. 149th St. Miami, FL 33176	
2. Principal Place of Business 10530 S.W. 149th St.		2a. Mailing Address 10530 S.W. 149th St.	
21. Same as above		26. Same as above	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State Miami, FLA		28. City & State Miami, Fla.	
24. Zip 33176		29. Zip 33176	
25. Country USA		30. Country USA	
9. Name and Address of Current Registered Agent Betty J. Johnson 10530 S.W. 149th St. Miami FL 33176		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		86. State	
87. Date		88. Date	
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: Betty J. Johnson President		DATE: 3/27/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE Vice President		1.1 TITLE Vice President	
2. NAME Terry L. Johnson		2.1 NAME Kennia J. Johnson	
3. STREET ADDRESS 10530 S.W. 149th St.		3.1 STREET ADDRESS 10530 S.W. 149th St.	
4. CITY-ST-ZIP MIAMI, FL 33176		4.1 CITY-ST-ZIP MIAMI, FL 33176	
5. TITLE 		5.1 TITLE 	
6. NAME 		6.1 NAME 	
7. STREET ADDRESS 		7.1 STREET ADDRESS 	
8. CITY-ST-ZIP 		8.1 CITY-ST-ZIP 	
9. TITLE 		9.1 TITLE 	
10. NAME 		10.1 NAME 	
11. STREET ADDRESS 		11.1 STREET ADDRESS 	
12. CITY-ST-ZIP 		12.1 CITY-ST-ZIP 	
13. TITLE 		13.1 TITLE 	
14. NAME 		14.1 NAME 	
15. STREET ADDRESS 		15.1 STREET ADDRESS 	
16. CITY-ST-ZIP 		16.1 CITY-ST-ZIP 	
17. TITLE 		17.1 TITLE 	
18. NAME 		18.1 NAME 	
19. STREET ADDRESS 		19.1 STREET ADDRESS 	
20. CITY-ST-ZIP 		20.1 CITY-ST-ZIP 	
21. TITLE 		21.1 TITLE 	
22. NAME 		22.1 NAME 	
23. STREET ADDRESS 		23.1 STREET ADDRESS 	
24. CITY-ST-ZIP 		24.1 CITY-ST-ZIP 	
25. TITLE 		25.1 TITLE 	
26. NAME 		26.1 NAME 	
27. STREET ADDRESS 		27.1 STREET ADDRESS 	
28. CITY-ST-ZIP 		28.1 CITY-ST-ZIP 	
29. TITLE 		29.1 TITLE 	
30. NAME 		30.1 NAME 	
31. STREET ADDRESS 		31.1 STREET ADDRESS 	
32. CITY-ST-ZIP 		32.1 CITY-ST-ZIP 	
33. TITLE 		33.1 TITLE 	
34. NAME 		34.1 NAME 	
35. STREET ADDRESS 		35.1 STREET ADDRESS 	
36. CITY-ST-ZIP 		36.1 CITY-ST-ZIP 	
37. TITLE 		37.1 TITLE 	
38. NAME 		38.1 NAME 	
39. STREET ADDRESS 		39.1 STREET ADDRESS 	
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41. TITLE 		41.1 TITLE 	
42. NAME 		42.1 NAME 	
43. STREET ADDRESS 		43.1 STREET ADDRESS 	
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45. TITLE 		45.1 TITLE 	
46. NAME 		46.1 NAME 	
47. STREET ADDRESS 		47.1 STREET ADDRESS 	
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49. TITLE 		49.1 TITLE 	
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57. TITLE 		57.1 TITLE 	
58. NAME 		58.1 NAME 	
59. STREET ADDRESS 		59.1 STREET ADDRESS 	
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61. TITLE 		61.1 TITLE 	
62. NAME 		62.1 NAME 	
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78. NAME 		78.1 NAME 	
79. STREET ADDRESS 		79.1 STREET ADDRESS 	
80. CITY-ST-ZIP 		80.1 CITY-ST-ZIP 	
81. TITLE 		81.1 TITLE 	
82. NAME 		82.1 NAME 	
83. STREET ADDRESS 		83.1 STREET ADDRESS 	
84. CITY-ST-ZIP 		84.1 CITY-ST-ZIP 	
85. TITLE 		85.1 TITLE 	
86. NAME 		86.1 NAME 	
87. STREET ADDRESS 		87.1 STREET ADDRESS 	
88. CITY-ST-ZIP 		88.1 CITY-ST-ZIP 	
89. TITLE 		89.1 TITLE 	
90. NAME 		90.1 NAME 	
91. STREET ADDRESS 		91.1 STREET ADDRESS 	
92. CITY-ST-ZIP 		92.1 CITY-ST-ZIP 	
93. TITLE 		93.1 TITLE 	
94. NAME 		94.1 NAME 	
95. STREET ADDRESS 		95.1 STREET ADDRESS 	
96. CITY-ST-ZIP 		96.1 CITY-ST-ZIP 	
97. TITLE 		97.1 TITLE 	
98. NAME 		98.1 NAME 	
99. STREET ADDRESS 		99.1 STREET ADDRESS 	
100. CITY-ST-ZIP 		100.1 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: Kennia J. Johnson		DATE: 3/27/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/97)