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

FILED Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000081720 (9) DOCUMENT # AMERICAN WORLD CORP. Principal Place of Business Mailing Address 8840 CARIBBEAN BLVD 8840 CARIBBEAN BLVD MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1997 Applied For 2. Principal Place of Business 2s. Mailing Address 4. FEI Number 26 Not Applicable 65-0784172 Suite. Apt. #. etc. Suite. Apt. #, etc **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED JACQUELINE RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 62 **CORAL GABLES FL 33134** 14605 SW 174Terr 83 84 Zip Code 85 Miami 33177 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. Jacqueline Rodriguez ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change Addition TITLE 1.1 TITLE REY DEL CASTILLO, ENRIQUE 1.2 NAME NAME 8840 CARIBBEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME REY DEL CASTILLO, MARIA 2.2 NAME 8840 CARIBBEAN BLVD STREET ADDRESS 2 3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition

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 attactment with an address.

SIGNATURE:

OU 09 98 (305) 253-2512

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE NAME

STREET ADORESS

CITY-S1-ZIP

(305) 252.2512