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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093465 (7)

WOMAN TO WOMAN USA, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing		Mailing Address		C. 10011001 ING 12111 (0211 02111 02111 02111 02111 16162 11111 01210 61181 1521
10815 SW 166 TERRACE 10815 SW 166 TE				
MIAMI FL 33157		MIAMI FL 33157		OO NOT WOITE IN THIS OPACE
				DO NOT WRITE IN THIS SPACE
i				3. Date Incorporated or Qualified
<u> </u>				10/30/1997
· ·	Place of Business	2a. Mailing Address	2.1	4. FEI Number Applied For
21		26 P.O. 130x 2834		403 C Hot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State	20 do	6. Election Campaign Financing \$5.00 May Be
23		28 Miami + 10	-: -:	Trust Fund Contribution Added to Fees
Zip	Country	Zip 07 202	Country	8. This corporation owes or has paid the current year intangible
24	25	29 33417-283430	LYSA	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
AMERILAWYER			81 Name	
343 Al meria avenue			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
CO	PRAL GABLES FL 33134			
			83	
			84 City	. 85 Zip Code
			O4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes, t	he above-named corpo	oration 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	Stgnature, typed or printed name of register, diago	int and title if applicable (NOTE: Beg	g stered Agent signature require	od whon reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	Change Addition
NAME	PHANORD, MARTINE M		1,2 NAME	
STREET ADDRESS	10815 SW 166 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, PHYLUS M	and the second s	22 NAME	
STREET ADDRESS	10815 SW 166 TERRACE	•	2.3 STREET ADDRESS	
	MIAMI FL 33157		·	
CITY+ST+ZIP TITLE	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS-ROSS, RUBY	i i	3.2 NAME	Cutanillo Di Montroll
	10815 SW 166 TERRACE			
STREET ADDRESS	MIAMI FL 33157	l l	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMMI FL 00101		3.4. CITY - ST - ZIP	Change Additi-
TITLE		— — — II	4.1 TITLE	L Change L Addition
NAME			4. 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME		<u>I</u>	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		<u> </u>	6.2 NAME	
STREET ADDRESS		1	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 articless.