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Apr 09 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 # P97000094367 (4)

1. Corporation Name
LOW CARB WORLD, INC.



Principal Place of Business
359 POINCIANA ISLAND DRIVE #1112
N MIAMI BEACH FL 33160

Mailing Address
359 POINCIANA ISLAND DRIVE #1112
N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 14-1156		11/04/1997	
22 City & State		27 Coral Gables, FL		4. FEI Number	
23 Zip		28 33114-1156		65-0791178	
24 Country		29 U.S.A.		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

KEYNAN, HADAS
359 POINCIANA ISLAND DRIVE #1112
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name Terry Forman
82 Street Address (P.O. Box Number is Not Acceptable) 1501 SW Lejeune Rd
83
84 City Coral Gable FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Signature, typed or printed name of registrant, agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	KEYNAN, HADAS	1.2 NAME	
STREET ADDRESS	359 POINCIANA ISLAND DRIVE #1112	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	COHEN, RAN	2.2 NAME	
STREET ADDRESS	359 POINCIANA ISLAND DRIVE #1112	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 conservator of the corporation; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Hachanah Hachanah

4/2/98

(305) 936-9666

CR2E034 (10/97)