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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9800001647

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

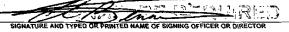
FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90236 030 ***150.00

WORLD SOUL-JAHZ INC. Mailing Address Principal Place of Business 707 NW 95TH ST 707 NW 95TH ST MIAMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/05/1998 2. Principal Place of Business 2a. Mailing Address 19821 4. FEI Number Applied For 21 P.O. Box Not Applicable 65-0813645 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Rufftown Trust Fund Contribution Added to Fees 23 28 <u>-Miami</u> Zip Country 8. This corporation owes the current year Intangible 30 U.S.A Personal Property Tax. 24 25 29 33119 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SMITH, ANTHONY B 82 Street Address (P.O. Box Number is Not Acceptable) 707 NW 95TH ST MIAMI FL 33150 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE ☐ Change TITLE SMITH, ANTHONY B 1.2 NAME NAME 707 NW 95TH ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33150** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TTLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C/TY-ST-Z/P 6.1 TM.E DELETE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP



CR2E034 (11/98)