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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004824

WORLDWIDE TRADING ASSOCIATES, INC.

Principal Place of Business Mailing Address							,		
19921 NORTHEAST 22ND COURT 19921 NORTHEAST 22ND C						(
NORTH MIAMI BEACH FL 33190 NORTH MIAMI BEACH FL			3180			DO NOT ME	ITE IN TUIC	CDACE	
						DO NOT WR 3. Date Incorporated or Qualifect		SPACE	
						1	,		{
Principal Place of Business 2a. Mailing Address						01/14/1998 4. FEI Number			Applied For
2. Principal Pi	ace of Business		Mailing Address			65-08060	64	→ -	tot Applicable
21	# -1-	Suite, Apt. #, etc.				63 00000			Additional
			.c.			5. Certifcate of Status Desired			Required
City & State	·	City & State				6. Election Campaign Financing		\$5.00	May Be
City & State	.	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	īv		8. This corporation owes the cu	rrent year Int		***
		_ 	30	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		301			10. Name and Address of New	Registered		
	a. Haille and Address of Curren	r redistrion ridour	8	31	Name		,,	-	
SERE	BER, DANIEL J ESQ.		Ĺ	⅃.					
	E 2ND AVENUE		8	32	Street Addre	ss (P.O. Box Number is Not Accep	table)		
	E 730		9	33					
	II FL 33131			~					
1712 41			ε	34	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ager		_	gent	signature required	when reinstating) ADDITIONS/CHANGES TO O	DATE FEICERS AN	ID DIRECT	ORS IN 12
12.		D DIRECTORS .	13.			ADDITIONS/CHANGES TO O	FILENS	☐ Change	
TITLE	DADNES DENIAMIN R		1.2 NAM						_
NAME	Parnes, Benjamin B 19921 Northeast 22ND Cou	TOT	1.3 STREET ADDRESS		VUUDEce ,				
STREET ADDRESS			1.4 CITY-ST-ZIP		l				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3318	DELETE			-212			[1] Change	e Addition
TITLE	D	CI DECTIL	2.2 NAME					_ `	
NAME	Manelis, Oren 1841 Northeast 196th Teri	DACE	2.3 STREET ADD		*DOBECC				
MODELL MIAMI DEACH EL 22170									
CITY-ST-ZIP	NURTH MIAMI DEACH FL 3317	DELETE □ DELETE	2, 4 CITY		- 2117			Change	Addition
TITLE	-	- DELETE	3.1 HILL 3.2 NAM						_
NAME					ADDRESS				
STREET ADDRESS		,	3.4. CIT						
CITY-ST-ZIP		☐ DELETE	4.1 TTL		-25		<u>-</u>	☐ Chang	e 🔲 Addition
TITLE			4, 2 NAA						
NAME CYDEET ADDRESS					ADDRESS				
STREET ADDRESS			4.4 CITY		ţ				
CITY-ST-ZIP		☐ DELETE	5.1 TITL					Chang	e Addition
TITLE	-		5.2 NAM					_ •	
NAME					ADDRESS				
STREET ADDRESS	İ		5.4 CITY			•			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL					[] Chang	e Addition
NAME			6.2 NAM	ΙÉ				_	
OTDEET ADDRESS			6,3 STR	EET,	ADDRESS				

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90001 043 ***150.00