APR-28-00 03:08PM FROM- 5613383299

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 038 ***150.00

DOCUMENT # P98000022755 CORP

1. Entity Name

INTERNATIONAL WORLD HOLDINGS

Principal Place of Business / Mailing Address

1355 W. PALMOTTO PARK RD STE 265
BOCA RATON FLA 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1355 W. PALMETTO	
Suite, Apt #, etc. 265	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State
Zip 33486 Country PALM	Zip Country

4. FEI Number 65-0835246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRODEN JAMES L ESQ 370 W. CAMINO GARDENS #310 BOCA RATON FL 33432	Name: ED ARIOLI Street Address (P.O. Box Number is Not Acceptable): 1355 PALMETTO PARK SUITE 265 City: BOCA RATON FL Zip Code 33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 4-30-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ED ARIOLI STREET ADDRESS SAME CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-00 954 244 4763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #