

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90016 043 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000023698**

1. Corporation Name
WACKY WORLD, INC.



Principal Place of Business
5001 COLLINS AVENUE
#15-F
MIAMI BEACH FL 33140

Mailing Address
5001 COLLINS AVENUE
#15-F
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1998

4. FEI Number
65-0823604

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **359 Mirade Mile**
 Suite, Apt. #, etc.

22

2a. Mailing Address
 26 **359 Mirade Mile**
 Suite, Apt. #, etc.

27

City & State
 23 **Coral Gables FL**

28 **Coral Gables, FL**

Zip Country
 24 **33134** 25 **USA**

29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESER, LIOR
5001 COLLINS AVENUE
#15-F
MIAMI BEACH FL 33140

81 Name **LIOR LESER**

82 Street Address (P.O. Box Number is Not Acceptable)
11028 NW 43 terrace

83

84 City **Miami** FL 85 Zip Code **33178**

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)

5/1/99
 DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESER, TIYA	
STREET ADDRESS	5001 COLLINS AVENUE, #15F	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESER, LIOR	
STREET ADDRESS	5001 COLLINS AVENUE, #15F	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LESER, TIYA	
1.3 STREET ADDRESS	11028 NW 43 terrace	
1.4 CITY-ST-ZIP	Miami, FL 33178	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LESER, LIOR	
2.3 STREET ADDRESS	11028 NW 43 terrace	
2.4 CITY-ST-ZIP	Miami, FL 33178	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
 Date

305-461-8282
 Daytime Phone #

CR2E034 (1/98)