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Apr 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000026960

1. Corporation Name

WORLD STYLE INTERIORS, INC.

Principal Place of Business

Mailing Address

1064 ASPRI WAY  
Palm Beach Gardens  
FLORIDA 33418

1064 ASPRI WAY  
PALM BEACH GARDENS  
FLORIDA 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 24, 1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0824659

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.

Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Xavier Montesdeoca

82 Street Address (P.O. Box Number is Not Acceptable)

1064 ASPRI WAY

83

84 City

PALM BEACH GARDENS FL

85 Zip Code 33418

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 *Xavier Montesdeoca* XAVIER MONTEDESDEOCA

4-2-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME Michael Wylie  
STREET ADDRESS 119 NW 11th ST  
CITY-ST-ZIP BOCA RATON, FL 33432

1.1 TITLE President & Director  Change  Addition

1.2 NAME Xavier Montesdeoca  
1.3 STREET ADDRESS 1064 ASPRI WAY  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE  DELETE

NAME Paul Cathers  
STREET ADDRESS 119 NW 11th ST  
CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE DIRECTOR  Change  Addition

2.2 NAME ROSANA MONTEDESDEOCA  
2.3 STREET ADDRESS 1064 ASPRI WAY  
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE DIRECTOR  Change  Addition

3.2 NAME JOSE MONTEDESDEOCA  
3.3 STREET ADDRESS 531 TALAVERA ROAD  
3.4 CITY-ST-ZIP WESTON, FL 33326

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE DIRECTOR  Change  Addition

4.2 NAME ALICIA MONTEDESDEOCA  
4.3 STREET ADDRESS 531 TALAVERA ROAD  
4.4 CITY-ST-ZIP WESTON, FL 33326

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE DIRECTOR  Change  Addition

5.2 NAME TERESA WYLIE  
5.3 STREET ADDRESS 531 TALAVERA ROAD  
5.4 CITY-ST-ZIP WESTON, FL 33326

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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: *Xavier Montesdeoca* XAVIER MONTEDESDEOCA

4-2-99 (561) 796-8546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)