

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000043283

1. Corporation Name

WORLD DISTRIBUTORS INC.

Principal Place of Business

21 SOUTHEAST 1ST AVENUE #701
MIAMI FL 33131

Mailing Address

21 SOUTHEAST 1ST AVENUE #701
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

2. Principal Place of Business

2a. Mailing Address

21 2011 N.W. 89th

26 2011 N.W. 89th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33172

25 USA

29 33172

30 USA

4. FEI Number

765-0841918

Applied For

Not Applicable

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.



Yes



No

9. Name and Address of Current Registered Agent

BARBEITE, ELSIE

21 SOUTHEAST 1ST AVENUE #701

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Andres Barbeite

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

2011 N.W. 89th

83

84 City

Miami

FL

85 Zip Code

33172

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: X

[Signature]

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/99

X 305-592-5142

CR2E034 (5/99)

P98000043283
605859-9001-42

World Distributors Inc.
2011 N.W. 89 th Place
Miami Fl. 33172
(305)592-5142 Fax (305)592-6226

08-10-99

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATION

REF: CORPORATION ANNUAL REPORT
DOCUMENT NO. P98000043283

TO WHOM IT MAY CONCERN:

WE RECEIVED YOUR SECOND REQUEST NOTICE REGARDING CORPORATION
ANNUAL REPORT.

ON MARCH 31, 1999, WE FILED OUR REPORT WITH OUR CHECK # 04042,
COPY ATTACHED, WHICH IS STILL OUT-STANDING IN OUR BOOKS.

ENCLOSED PLEASE FIND A REPLACEMENT CHECK # 1003 IN THE AMOUNT
OF \$ 150.00 WITH YOUR SECOND REPORT.

IF YOU NEED MORE INFORMATION PLEASE CONTACT ME AT TEL:
(305) 592-5142.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

SINCERELY

[Signature]
ANDRES BARBETTE
PRESIDENT