**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P98000047515											
1. Corporation	VORLD ENTERTAINMENT C										
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3135 NORTHWE	RRACE										
MIAMI FL :33147		l		DO NOT WR	ITE IN TH	IS SPACE					
				<u> </u>	3. Date Incorp	orated or Qualifed				٦	
					05/28/19					}	
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI humbo			<u> </u>	olied For	]	
21		26			_65-0	8395C	) <b>()</b>		Applicable	4	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of	Status Desired		\$8.75 A	dditional quired		
27 City & State City & State			·		C. Elevisor Col	marian Financian		\$5.00		1	
23)		28				mpaign Financing Contribution		Added		· =	
Zip	Country	Zip	Country		8. This corpora	ation owes the cur	rent yea	Intangible		7.	
24	25	293	10			operty Tax.			No	1	
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
AME	RILAWYER		81 Name	IR	imble	- CUR	ــــــ	<u>. J.</u>		]	
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		•	84 City	Mian	ni		F:	L 85 Zip (		J	
11. Pursuant t	to the provisions of Sections 607.0502	the above-named	l corporat	ion subn its this	statement for the	purpose:	of changing its	registered	}		
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the objigati	ions of Section 607.0505, Florid	rionzeo by the corp la Statutes	~			pr 11.0 or p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı	
SIGNATURE	Curtia (		Rtis J		<u>mble:</u>	April	<u> 26, </u>	<u> 1997                                   </u>	<u> </u>	١.	
	Signature, typed or printed i ame of gistered age of OFFICERS AN		legistered Agent signature : 13.	re julied whe		CHANGES TO OF	FICERS	AND DIRECTC	RS IN 12	- j	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I here by 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 signs are 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

**FILED** Apr 29, 1999 8:00 am Secretary of State

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