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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062101

1. Corporation Name

WORLD INTERCONNECT COMMUNICATIONS COMPANY

Principal Place of Business	Mailing Address
505 WEST ROBINSON STREET ORLANDO FL 32801	505 WEST ROBINSON STREET ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1925 BRICKELL AVE		21 1925 BRICKELL AVE		07/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 1702-D		22 SUITE 1702-D		59-3564061	
City & State		City & State		5. Certificate of Status Desired	
23 MIAMI, FL		23 MIAMI, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33129		24 33129		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year intangible	
25 USA		25 USA		Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CLEMENTS, ROBERT 505 WEST ROBINSON STREET ORLANDO FL 32801			81 Name YASSIN SALEM		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			1925 BRICKELL AVE Suite D-1702		
			83		
			84 City MIAMI		
			FL 85 Zip Code 33129		

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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		DATE	
Yassin Salem			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
D	SALEM, YASSIN	1.1 TITLE	1.1 NAME
505 WEST ROBINSON STREET	505 WEST ROBINSON STREET	1.2 NAME	1.2 NAME
ORLANDO FL 32801	ORLANDO FL 32801	1.3 STREET ADDRESS	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
		2.1 TITLE	2.1 NAME
		2.2 NAME	2.2 NAME
		2.3 STREET ADDRESS	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
		3.1 TITLE	3.1 NAME
		3.2 NAME	3.2 NAME
		3.3 STREET ADDRESS	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
		4.1 TITLE	4.1 NAME
		4.2 NAME	4.2 NAME
		4.3 STREET ADDRESS	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
		5.1 TITLE	5.1 NAME
		5.2 NAME	5.2 NAME
		5.3 STREET ADDRESS	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
		6.1 TITLE	6.1 NAME
		6.2 NAME	6.2 NAME
		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	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 X SIGNATURE REQUIRED

4/28/99

305-377-3177 ex 22

CR2E034 (11/98)