

05101999-90238-025-\$158.75-\$158.75

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 025 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000065222			
1. Corporation Name WORLD ENTERTAINMENT AGENCY, INC			
Principal Place of Business 5963 BISCAYNE BLVD MIAMI, FL 33137		Mailing Address 5963 BISCAYNE BLVD MIAMI, FL 33137	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified JULY 24, 1998	
2a. Mailing Address		4. FEI Number 65-0852891	
2b. Suite, Apt. #, etc.		Applied For Not Applicable	
2c. City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
2d. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2e. Country		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
8a. Name		10a. Name	
8b. Street Address (P.O. Box Number is Not Acceptable)		10b. Street Address (P.O. Box Number is Not Acceptable)	
8c. City		10c. City	
8d. Zip		10d. Zip	
8e. State		10e. State	
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		DATE	
EDUARDO BOVERA		04-30-99	
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE		1. TITLE	
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE		5. TITLE	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	
21. TITLE		21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. CITY, ST, ZIP	
25. TITLE		25. TITLE	
26. NAME		26. NAME	
27. STREET ADDRESS		27. STREET ADDRESS	
28. CITY, ST, ZIP		28. CITY, ST, ZIP	
29. TITLE		29. TITLE	
30. NAME		30. NAME	
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32. CITY, ST, ZIP		32. CITY, ST, ZIP	
33. TITLE		33. TITLE	
34. NAME		34. NAME	
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81. TITLE		81. TITLE	
82. NAME		82. NAME	
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86. NAME		86. NAME	
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89. TITLE		89. TITLE	
90. NAME		90. NAME	
91. STREET ADDRESS		91. STREET ADDRESS	
92. CITY, ST, ZIP		92. CITY, ST, ZIP	
93. TITLE		93. TITLE	
94. NAME		94. NAME	
95. STREET ADDRESS		95. STREET ADDRESS	
96. CITY, ST, ZIP		96. CITY, ST, ZIP	
97. TITLE		97. TITLE	
98. NAME		98. NAME	
99. STREET ADDRESS		99. STREET ADDRESS	
100. CITY, ST, ZIP		100. 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 empowerment.			
SIGNATURE		04-30/99 (305) 757-9191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	