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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 # P98000077348

1. Corporation Name

JE WORLDWIDE CORP.

Principal Place of Business

2728 NORTHWEST 32 STREET
MIAMI FL 33174

Mailing Address

2728 NORTHWEST 32 STREET
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

2. Principal Place of Business

21 1042 N.W. 28 ST

Suite, Apt. #, etc.

22 City & State
Miami FL24 Zip Country
33172 USA

2a. Mailing Address

26 570 S.W. 89 CT

Suite, Apt. #, etc.

27 City & State
Miami, FL29 Zip Country
33174 USA

4. FEI Number

65-0862618

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☒

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Javier Lorenzo

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

570 S.W. 89 CT

83

84 City Miami

FL

85 Zip Code
33174

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, block, or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD LORENZO, JAVIER ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
2728 NORTHWEST 32 STREET
MIAMI FL 33174TITLE VD ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
HORTA, EDUARDO
2728 NORTHWEST 32 STREET
MIAMI FL 33174TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
570 S.W. 89 CT
Miami, FL 331742.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)