

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).

002667

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 26 PM 1:29

DOCUMENT # P98000082226

1. Corporation Name
 WORLD PROFILES, INC.



Principal Place of Business
 3600 MYSTIC POINTE DR., STE. 1705
 AVENTURA FL 33180

Mailing Address
 3600 MYSTIC POINTE DR., STE. 1705
 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/21/1998

4. FEI Number
 65-0865325 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

2. Principal Place of Business

21. 3801 NE 207 STREET
 Suite, Apt. #, etc.
 22. 2603
 City & State
 23. Aventura FL
 Zip
 24. 33180 Country
 25. USA

2a. Mailing Address

26. 3801 NE 207 STREET
 Suite, Apt. #, etc.
 27. 2603
 City & State
 28. Aventura FL
 Zip
 29. 33180 Country
 30. USA

9. Name and Address of Current Registered Agent
 LASKER, CHARLES M
 3600 MYSTIC POINTE DR., STE. 1705
 AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
 Charles M. Lasker

82 Street Address (P.O. Box Number is Not Acceptable)
 3801 NE 207 STREET

83 # 2603

84 City
 Aventura FL 85 Zip Code
 33180

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: Charles M. Lasker *Charles M Lasker* 10/18/99
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME Pres.
 STREET ADDRESS Charles M. LASKER
 CITY-ST-ZIP 3801 NE 207 STREET, 2603
 Aventura FL 33180

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME 200003035862-4
 2.3 STREET ADDRESS -11/05/99-01012-008
 2.4 CITY-ST-ZIP *****400.00 *****400.00

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

CR2E034 (5/99)

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.

SIGNATURE: *Charles M Lasker* 10/18/99 305-923-8414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD