FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine, darris

Secretary of State **DIVISION OF CORPORATIONS**

1999

1. Corporation Name

898000082286 DOCUMENT #

Your World Variation Inc

FILED SECRETARY OF STATE DEVISION OF CORPORATIONS

99 DEC 27 PM 3: 10

7/38/99 954-316-1000

Principa Place of Business	Mailing Address			
3911 SW 47are	8021 nw	478		
D. G 22211	FT. Land.		DO NOT WRITE IN	THIS SPACE
Lavre Ft 33314	M. Kalla.		3. Date Incorporated or Qualifed	
		33351		•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
27 3911 SW 4 lane	26 8021 nw	475	65-0865275	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State 23 Livie FC	City & State 28 FT. Laud.	钇	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current ye	
24 33314 25 BROWALS	29 33351	30 Broward	Personal Property Tax.	∐Yes □No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent
Am anil surer		81 Name	Darvin Nelson	
Hmeri Lawyer 343 Albreria ave	•	82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	•
343 Hlonepia We	•		3911 Sw 47ane	·
CORal Cables Ft 331	26h	83	-	
What (200193 AC 551.	24	84 City		85 Zip Code
		$\underline{\hspace{1cm}}$		FL 333/4
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	l and 607.1508, Florida Statute of Florida, Such change was au	es, the above-named co	propration submits this statement for the purposition's board of directors. I bereby accept the	se of changing its registered
agent. I am familier with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statutes.	and a board of all basers. Thereby decapt the	ippointment do registered
SIGNATURE LUUN (11156)	<u> </u>			30/99
Signature, typed or printed name of registered agent 12. OFFICERS AN		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	E '
TITLE JOHN	DELETE	1.1 TITLE	* ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME ORGIN Nelson		12 NAME	•	
STREET ADDRESS 3911 SW 47are		1.3 STREET ADDRESS	_	
CITY-ST-ZIP Davie Ft 33319	ا	1.4 CITY-ST-ZIP	• • •	
TITLE Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
William Andre		2.2 NAME		
STREET ADDRESS 3911 SW 47ave	•	23 STREET ADDRESS	40000308 -01/04/00-	77944
CITY-ST-ZIP Davie FT 33314		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	31 TITLE	******!5U.じ	Change GAddition
NAME	•	3.2 NAME .	•	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-ZiP	•	34. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
DAME		4.2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS	_	•
GITS-ST-ZIP		4.4 CITY-ST-ZIP	Ja La	
THE	☐ DELETE	51 TITLE	1/10/2	☐ Change ☐ Addition
NAME		5.2 NAME	1011	
STREET ADDRESS	•	5.3 STREET ADDRESS	\mathcal{A} .	
CITY-ST-ZIF		54 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
SIPEET ADDRESS .		63 STREET ADDRESS		
CITY-ST-Z/P		6,4 CITY-ST-ZIP		
 I hereby certify that the information supplied with indicated on this annual report or supplemental a 				
officer or director of the corporation or the receiv Block 12 or Block 13 if changed, or on an attach	er or trustee empowered to ex	ecute this report as req		