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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000100098

W'S WORLD, INC.

Principal Place of Business

Mailing Address

9420 SW 77TH AVE. MIAMI FL 33158 9420 SW 77TH AVE. MIAMI FL 33156

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 040 ***158.75



					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				12/02/1998			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0880212		Not Applicable	
		Suite, Apt. #, etc.	ite, Apt. #, etc.		E Contiferate of Status Desired	★ \$8.7	5 Additional	
27					5. Certifcate of Status Desired	¥€ Fe	e Required	
City & State City & State					6. Election Campaign Financing	\$5.	00 May Be	
23	28				Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		8. This corporation owes the currer	nt year Intangible		
24	25	29	30		Personal Property Tax. X Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Ágent		
				Name				
LAMCHICK, BRUCE				OO Charles (D.O. Day Marker in Alex Accordable)				
9420 SW 77TH AVE.			82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33156			l ₁	33				
•			1	B4 City		FL	Zip Code	
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.								
	in terminal trial, and accept the obligation							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
TITLE	PTD	DELETE	1.1 TITL	E		☐ Cha	nge 🗀 Addition	
NAME LIPPMANN, WAYNE			1.2 NAW	E			1	
STREET ADDRESS 9420 SW 77TH AVE.			1.3 STR	EET ADDRESS			}	
CITY-ST-ZIP	MIAMI FL 33156			/-ST-ZIP				
TITLE	VPSD	☐ DELETE	2.1 TITL			☐ Cha	nge Addition	
NAME	LIPPMAN, PENNY			KE !			1	
	ss 9420 SW 77TH AVE.			EET ADDRESS			ļ	
	MANUEL COLEG						ì	
CITY-ST-ZIP	MIAMI FL 33156			Y-ST-ZIP		Cha:	nge Addition	
TITLE		bettere	3.1 TITL					
NAME		·	3.2 NAM		راحيمت بالمستعدد السا			
STREET ADDRESS			1	EET ADDRESS			1	
CITY-ST-ZIP		C or ere		Y-ST-ZIP		[] Cha	nge [] Addition	
TITLE	1	☐ DELETE	4.1 TITL			Cna	iide [] woriiggii	
NAME			4.2 NA				}	
STREET ADDRESS			4.3 STR	EET ADDRESS			[•	
CITY-\$T-ZIP				/-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			Cha	nge 🗀 Addition	
NAME:			5.2 NAM	KE				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-\$T-ZIP			5.4 CITY	r-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E		☐ Cha	nge Addition	
NAME			6.2 NAM	IE				
STREET ADDRESS			6.3 STR	EET ADORESS	,			
				-ST-ZIP				
CITY-ST-ZIP			J., V.,					

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, and all other like empowered.

SIGNATURE:

SIGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

305-666-214-7277

Daytime Phone #

R2E034 (11/98)