FILED

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102435

JOURNEY'S END WORLDWIDE CO.

Principal Place of Business Mailing Address  343 ALMERIA AVENUE 343 ALMERIA AVENUE  CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	9 01 7.02
2. Principal Place of Business 21 Suite, Apt. #, etc 22		2a. Mailing Address 26 Suite, Apt #, etc 27		12/09/1998 4. FE! Number 5. Certificate of Status Desired [ ]	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat		City & State		6. Election Compage Figure 1 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country  [25]  9. Name and Address of Current		Country 80]	8. This corporation owes the current year fr Personal Property Tax.  10. Name and Address of New Registered	[]Yes []No
343 /	RILAWYER ALMERIA AVENUE AL GABLES FL 33134		82 Street 3 4 83 83		85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; registered agent, or both, in the System in familiar with PLOSO be delight.	was aut	s, the above named corp horized by the corporation fa Statutes	al Gables FL oration satisfies this statement for the purpose of sin's board of directors. Thereby account the appo	.     33134   Changing its registered intment as registered
	Signature, typed Natalia - Utr	era, Vice-Pres		two or they be not the	
12.	OFFICERS AND	DIRECTORS [ ] DELETE	13.	ADDITIONS CHANGES TO OFFICERS A	1
TITLE NAME	D /	[ ] DE(F)E	11 TIULE	400002868	[ Change [ Addition
STREET ADDRESS	Sanchez, Elsie 343 Almeria Aven Coral Gables, FL	ue 33134	1.2 NAME 1.3 S1REET ACCHS 5S 1.4 C(1) - S1-Z(1)	-05/10/930 ****150.00	1002006 ****150.00
TITLE NAME STREET ADDRESS	•	[   DELETE	21 THLE 22 NAME 23 STREET ACOMESS		[]Change []Additon
OTY-ST-ZIP TILE NAME		[   DELETE	2 4 CHY-ST-ZIH 3 1 THUF 3 2 NAME		[   Change
CITY-ST-ZIP TITLE	<u> </u>	[   DELETE	33 STREET ADORESS 34 City-\$1-ZiP 41 Title		[   Change   [   Addition
NAME STREET ADORESS, CITY-ST-ZIP		· Planear	4.7 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-2IF		
TITLE NAME STREET ADDRESS		(, † DELETE	51 TIME 52 NAME 53 STREET ADORERS		[   Change
CITY-ST-ZIP TITLE NAME		[   061616	54 CTY-SI-Z# 61 TIFLE 62 NAME		[   Charing Soft ] Add [
STREET ADDRESS			63 STREET ADORESS		る(が )

14. Thereby 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 suppliemental 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 all achment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND THE OF PRINTED NAME OF SCHIND OFFICER OR DIRECTOR

4/28/90

Distance France 6

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