FILE NOW: FILING FEE AFTER MAY 151 IS \$530.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 19, 2001 8:00 am Secretary of State

₹/p	DIVISION OF CO			RPORATIONS		05-19-2001 90280 005 ***150.00	
DOCUMENT 1. Corporation Name	# Р990000765	77		٠.			
Unknown	. World Managemen	nt, Inc.					
•	* .						
		Mailine Address					
Principal Place of Busines	9	Mailing Address			_		
7501 E Treasure Dr. 4R 7501 E Treasure Dr.							
N Bay Village, Fl 33145 N Bay Village, F				33 T	45	DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualifed	
						8/23/99	
2. Principal Place of Busi	P-	2a. Mailing Address				4. FEI Number Applied For 59–3594064 Not Applicable	
21	2	Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt. #, etc.	<u> </u>	-	. 	ند	•	5. Certificate of Status Desired Fee Required -	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23	2	8				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year intangible	
24	11	9	30			Personal Property Tax.	
g. Name	and Address of Current Re	gistered Agent		81	Name	10. Name and Address of New Registered Agent	
Francisco A. 7501 E Treasur N Bay Village,	re Dr. 4R			82 83	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
				84	City FL 85 Zip Code		
	sions of Sections 607.0502 an gent, or both, in the State of Fl ith, and accept the obligations				named co he corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature brown	d or printed name of registered agent and	title if applicable. (NOT	E: Registered	Agent	signature requ	uired when reinstating) DATE	
12.	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P/S			1.t T	MLE		Change Addition	
	cisco A. Pacheco		1.2 N		1		
	-00		1.3 S	1.3 STREET ADDRESS			
CITY-ST-ZIP N Bay	v, Village, FL 3			ITY-ST	-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	2.1 T			Savarda Chasan	
NAME			2.2 N			•	
STREET ADDRESS	. · · · · · · · · · · · · · · · · · · ·	حربيد، سيد	<u>.</u>		ADDRESS	أم المهمي في المتم معمد المام	
CITY-ST-ZIP	. <u>.</u>	☐ DELETE	2.4 U	TY-ST	-21	☐ Change ☐ Addition	
TITLE				AME]		
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-ST			
TITLE		☐ DELETE	4,1 T			☐ Change ☐ Additi	
NAME			4, 21	VAME			

6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

OELETE

SIGNATURE: X

STREET ACCRESS

STREET ADDRESS

STREET ADDRESS

.CITY+ST+ZIP

CITY+ST-ZIP

TITLE

NAME

TITLE

NAME

Francisco A. Pacheco 4/30/01

(305)867-7394

Change

Change

Addition

☐ Addition