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

PROFIT : CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90034 026 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$12537 1. Corporation Name WORLDWIDE ASSOCIATES, INC.

					_		31111 B1811 ISBN
Principal Place of Business Mailing Address							
15476 NW 77	CT	15476 NW 77 CT					
301							
MIAMI LAKES	FL 33016	MIAMI LAKES FL 33016			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 11/14/1990		
2. Principal F	Place of Business :	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-1603025	N	ot Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stai	te. — "	City & State	***	سمانے سہ	6. Election Campaign Financing	\$5:00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year in	tangible	_
24	25	29 3	:0		Personal Property Tax.	☐ Yes	D No □
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent	
			81	Name			
	INI, PAUL T.		-		(0.0.0.1)		
94 (154)	76 NW 77 CT		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
301			83			Programme and the second	11.1
MIAI	MI LAKES FL 33016						(3) (2) [6]
		•	84	City	i kalanda kata kata kata kata kata kata kata ka	85 Zip	Code
Attorno Asia Pri		0 1 007 4500 511- 01-4	45		F1	= 	registered
√ office or i	registered agent or both in the State :	of Florida. Such change was suit	horizad hu	the corneration	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as re	gistered
°-∂agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes				•
SIGNATURE							
	Signature, typed or printed name of registered agen			nt signature required			
12.	r <u>-</u>	D DIRECTORS	13.	· · ·	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RANNI, PAUL T.		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME		•	2.2 NAME				
STREET ADDRESS			2.3 STREET	TADORESS			
CITY-ST-ZIP	1 6		2. 4 CITY-5	T. 71P			
TMLE					·		
NAME	(A) (A)	☐ DELETE	3.1 TITLE		•	Change	·
STREET ADDRESS	Intalia to the second	DELETE	1		•	Change	Addition
23.1		☐ DELETE	3.2 NAME	TANNESS.	·	Change	Addition
CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREE	TADDRESS		Change	Addition
TITLE '			3.2 NAME 3.3 STREE 3.4. CITY-S				
		☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE				Addition
NAME			3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ST-ZIP			
STREET ADDRESS			3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP	Lavi Saisti	□ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	ST-ZIP		Change	Addition
STREET ADDRESS	1		3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP	Lavi Saisti	□ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	Carries Said	□ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	E AND BOTH	□ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS T- ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Carries Said	□ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS T- ZIP		Change	Addition

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.

6.3 STREET ADDRESS

STREET ADDRESS