

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Cecilia R. McPherson
Secretary of State
CORPORATE DIVISION/REGISTRATION

**APPROVED
AND
FILED**

92 MAY 10 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S51400

(7)

For Corporation Name

WORLDBEADS, INC.

PRINT OR WRITE IN THIS SPACE

Principal Office Address		Mailing Address	
3090 FULLER STREET MIAMI FL 33133		3090 FULLER STREET MIAMI FL 33133	
2. Filing of Previous Reports	2a. Mailing Agency	3. Date the Corporation Was Created	3a. Date of Last Report
21	26	05/10/1991	06/13/1994
State App # of	State App # of	4. FFI Number	Applied For
22	27	65-0254685	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	7. This Corporation has liability for election law under 10-101(1)(b) Florida Statutes	
	30		

9. Name and Address of Current Registered Agent

**PANISCH, ROBERT M.
2090 N. UNIVERSITY DRIVE
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. State

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.02, Florida Statutes.

SIGNATURE

12. OFFICE REGISTRAR CHANGES		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1)	
TITLE	D	TITLE	
NAME	KATZEN, JONATHAN	NAME	
STREET ADDRESS	110 3RD TERRACE	STREET ADDRESS	
CITY & STATE	MIAMI BEACH FL	CITY & STATE	
TITLE	D	TITLE	
NAME	TEIXEIRA, GRAEME	NAME	
STREET ADDRESS	126 W. 3RD AVE.	STREET ADDRESS	
CITY & STATE	VANCOUVER BC CANADA	CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Sections 119.02(2)(b), Florida Statutes. Further, I certify that the information included 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 any officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 is changed, or was so affected, with an address.

SIGNATURE:

[Signature] Jonathan Katzen
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 3054456060
DATE SIGNATURE

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

COORDINATION
APPROPRIATE
1995



DEPARTMENT OF STATE
CORPORATION
RECORDS SECTION
TAMPA, FLORIDA 33602

DOCUMENT # **S51475**

(9)

FERNANDEZ & FERNANDEZ, INC.

APPROVED

MAILED 25
JUL 11 1995
TAMPA, FLORIDA

3810 S DALE MABRY
TAMPA FL 33611

3810 S DALE MABRY
TAMPA FL 33611

3810 S. Dale Mabry Same as above

3. Date of Corporation (or Reorganization)	05/06/1991	3b. Date of Last Report	04/28/1994
4. FEI Number	59-3077453	Appoint for	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
8. This corporation has liability for franchise tax under S. 193(3), Florida Statutes	☒ Yes ☐ No		

21. Name of Agent	26. Address of Agent
22. City and State	27. City and State
23. <i>Tampa, Florida</i>	28. <i>Tampa, Florida</i>
24. <i>33611</i>	29. <i>Hillsborough</i>
30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FERNANDEZ, MARY ALICE 3810 S DALE MABRY TAMPA FL 33611		81. Name	
		82. Street Address (P.O. Box Number, Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. The undersigned, the person(s) who have been appointed by the Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office of business to the office in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am submitting this statement and the corporation's consent to the change of office as required by the Florida Statutes.

Signature of Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DPVP RAUL, FERNANDEZ J R. 16219 LK. MAGDALENE BLVD. TAMPA FL	1. NAME	☐ Change ☐ Addition
NAME	DST FERNANDEZ, MARY ALICE 16219 LAKE MAGDALENE BVD TAMPA FL	2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
NAME		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
NAME		14. NAME	☐ Change ☐ Addition
NAME		15. NAME	☐ Change ☐ Addition
NAME		16. NAME	☐ Change ☐ Addition
NAME		17. NAME	☐ Change ☐ Addition
NAME		18. NAME	☐ Change ☐ Addition
NAME		19. NAME	☐ Change ☐ Addition
NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and known and qualify for the exemption stated in law from the Florida Statutes. I further certify that the above information is true and correct and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my name or the name of the corporation would be entered in the report as required by the Florida Statutes, and that my name appears in Block 12 of the report or in an attachment with an address.

SIGNATURE: *Mary Alice Fernandez* MARY ALICE FERNANDEZ
DATE: *May 8-1995* 1-813-831-9280