

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V02531** (4)

1. Corporation Name

WORLD WIDE SERVICES CORPORATION



Principal Place of Business

Mailing Address

**2275 N.W. 84TH AVENUE
MIAMI FL 33122
US**

**2275 N.W. 84TH AVENUE
MIAMI FL 33122
US**

3. Date Incorporated or Qualified
12/21/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Miami**

26 **6995 NW 84 th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Miami,**

28 **Miami**

Zip

Country

Zip

Country

24 **33166**

25 **EE.UU**

29 **33166**

30 **EE.UU**

4. FEI Number

65-0330876

Applied 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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, LUZ A
2275 N.W. 84TH AVE.
MIAMI FL 33122**

81 Name

MORALES LUZ A.

82 Street Address (P.O. Box Number is Not Acceptable)

83 **6995 NW 84 th Avenue**

84 City

Miami

FL

85 Zip Code

33166

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.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CEO/D**
STREET ADDRESS **ECHEVERRI, LUZ MARINA**
CITY-ST-ZIP **2275 N.W. 84TH AVE
MIAMI FL 33122**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **CEO/D**
1.3 STREET ADDRESS **LUZ MARINA ECHEVERRI**
1.4 CITY-ST-ZIP **6995 NW.84 th Avenue
Miami, FL 33166**

TITLE ☐ DELETE
NAME **T/D**
STREET ADDRESS **ECHEVERRI, CLEMENCIA**
CITY-ST-ZIP **2275 N.W. 84TH AVE.
MIAMI FL 33122**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T/D**
2.3 STREET ADDRESS **ECHEVERRI, CLEMENCIA**
2.4 CITY-ST-ZIP **6995 NW.84 th Avenue
Miami, FL 33166**

TITLE ☐ DELETE
NAME **VP/D**
STREET ADDRESS **ECHEVERRI, OLGA LUCIA**
CITY-ST-ZIP **2275 N.W. 84TH AVE.
MIAMI FL 33122**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP/D**
3.3 STREET ADDRESS **ECHEVERRI, OLGA LUCIA**
3.4 CITY-ST-ZIP **6995 NW.84th Avenue
Miami, FL 33166**

TITLE ☐ DELETE
NAME **VP/D**
STREET ADDRESS **ECHEVERRI, JAMIE**
CITY-ST-ZIP **2275 N.W. 84TH AVE.
MIAMI FL 33122**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP/D**
4.3 STREET ADDRESS **ECHEVERRI, JAIME**
4.4 CITY-ST-ZIP **6995 NW.84 th Avenue
Miami, FL 33166**

TITLE ☒ DELETE
NAME **VP/D**
STREET ADDRESS **STAHLMANN, WOLFGANG**
CITY-ST-ZIP **2275 N.W. 84TH AVE.
MIAMI FL 33122**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **VP/D**
5.3 STREET ADDRESS **ECHEVERRI, FERNANDO**
5.4 CITY-ST-ZIP **6995 NW.84 th Avenue
Miami, FL 33166**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ECHEVERRI, LUZ MARINA**
CITY-ST-ZIP **241 SEVILLA AVE SO #904
CORAL GABLES FL**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **D/VP**
6.3 STREET ADDRESS **ECHEVERRI, CESAR, JR**
6.4 CITY-ST-ZIP **6995 NW.84 th Avenue
Miami, FL 33166**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/96

Date

(305) 594-4122

Daytime Phone #

CR2E034 (12/95)