

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

FILED  
Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V02531</b> 1. Corporation Name <b>WORLD WIDE SERVICES CORP.</b>			
Principal Place of Business <b>444 BRICKELL AVENUE - SUITE 210 MIAMI FL 33131</b>		Mailing Address <b>444 BRICKELL AVENUE - S 210 MIAMI FL 33131</b>	
2. Principal Place of Business 21 <b>444 Brickell Avenue</b> Suite, Apt. #, etc. 22 <b>Suite # 210</b> City & State 23 <b>Miami Fl</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 <b>444 Brickell Avenue</b> Suite, Apt. #, etc. 27 <b>Suite # 210</b> City & State 28 <b>Miami Fl</b> Zip 29 <b>33131</b>	3. Date Incorporated or Qualified <b>12/21/1991</b>	3a. Date of Last Report <b>05/31/97</b>
9. Name and Address of Current Registered Agent <b>LUZ A MORALES 444 BRICKELL AVENUE -Suite 210 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>LUZ A MORALES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>444 BRICKELL AVENUE</b> 83 <b>Suite # 210</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>	
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 & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) <b>LUZ A MORALES</b> <b>June 10/97</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPresident LUZ MARINA ECHEVERRI 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSecretary FERNANDO ECHEVERRI 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPresident GLORIA STELLA ECHEVERRI 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPresident GERMAN ECHEVERRI 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPresident OLGA LUCIA ECHEVERRI 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTreasurer LUZ AMPARO MORALES 444 Brickell Avenue - Suite 210 Miami Fl 33131</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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			
SIGNATURE: <b>June 10/97</b> <b>305 358-1999</b>			

CR2E034 (9/96)