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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Single
DIVISION OF CORFURNATIONS

DOCUMENT # V02531

WORLD WIDE SERVICES CORP.

FILED
Jun 17 1997 8:00am
Secretary of State

rnncipai Piac	e or business	Maining Address				
444 E	BRICKELL AVENUE - SU	T444°BRICKELL A	VENUE - S 210	0		
IMAIM	I FL 33131	MIAMI FL 33131				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				12/21/1991	05/31/97	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 444 Brickell Avenue 26 444		26 444 Bricke	11 Avenue	65-0330876	Not Applicable	
Suite, Apt. #, etc. S		Suite, Apt. #, etc. 27 Suite # 210		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23 Miami Fl 28		28 Miami Fl		Trust Fund Contribution	Added to Fees	
Zip 33131	Country EE UU	Zιρ 33131	Country BE UU	8. This corporation has liability for in Florida Statutes	nlangible tax under s. 199.032, Yes 🔲 No	
-	9. Name and Address of Current		<u> </u>	10. Name and Address of New Reg	jistered Agent	
			81 Name			
LUZ A MORALES LUZ A MORALES 82 Street Address (P.O. Box Number is Not Acceptable)						
444 BRICKELL AVENUE -Suite 210 82 Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE						
	FL 33131	: - -	83			
		Suite # 210	last 3º O a			
			84 City	Miami	FL 85 Zip Code 33131	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the p	urpose of changing its registered	
office or r	registered agent, or both, in the State of	of Florida, Such change was tions of Section 607,0505, FI	authorized by the corpo- lorida Statutos	ration's board of directors. I hereby accep-	t the appointment as registered	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature typed a printed name of registered agent	and title if applicable (NO	TE Registered Agent signature re-	quired when reinstaling)	DATE	
12.	OEFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DPresident	☐ DELF16	1.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition	
NAME	LUZ MARINA ECHEVERI	RI	1.2 NAME			
STREET ADORESS	444 Brickell Avenue	e - Suite 210m	1.3 STREET ADDRESS		ì	
CITY-ST-ZIP	Miami F1 33131		1.4 CITY - ST - ZIP			
TITLE :	DSecretary	☐ DELFTE	2.1 TITLE		Change Addition	
NAME	FERNANDO ECHEVERRI		2 2 NAME			
STREET ADDRESS		e - Suite 210	2 3 STREET ADDRESS			
CATY-ST-ZIP	444 Brickell Avenue Miami Fl 33131		2. 4 CITY - ST - ZIP			
TITLE	DVPresident	☐ DELETE	3.1 TITLE ,		☐ Change ☐ Addition	
NAME	GLORIA STELLA ECHEV	VEKKI	3.2 NAME			
STREET ADDRESS	Miami F1 33131	E - DUTLE 710	3.3 STREET ADDRESS			
CITY - \$7 - ZIP	1		3.4. C(1)Y-ST-7(P	···		
TITLE	DVPresident	DELETE	4.1 TITLE		Change Addition	
NAME	GERMAN ECHEVERRI		4. 2 NAME		ļ	
STREET ADDRESS	444 Brickell Avenue	e - Suite 210	4 3 STREET ADDRESS			
CITY-ST-ZIP	Miami F1 33131		4.4 CITY - ST - 7IP			
TITLE	DVPresident	☐ DELETE	5.1 TITLE		Ilange Addition	
NAME	OLGA LUCIA ECHEVERI		5.2 NAME		1 ///	
STREET ADDRESS	444 Brickell Avenue	e - Suite 210	5.3 STREET ADDRESS			
CITY-ST-ZIP	Miami F1 33131		5.4 CITY - ST - ZIP		149 - 71	
TITLE	DTreasurer	☐ DEIF1E	61 TITLE	50000221	Change Addition	
NAME	LUZ AMPARO MORALES		6.2 NAME	-06/18/97010		
STREET ADDRESS	444 Brickell Avenue	e - Suite 210	63 STREET ADDRESS		JJU20	
CITY-ST-ZIP	Miami F1 33131		6.4 CITY - S1 - ZIP	***165,00		
14. I do here	by certify that the information supplied	with this filing does not qual	ify for the exemption sta-	ted in Section 119.07(3)(i), Florida Statutes	s. 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 co-poration 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 30 or on an attachment with an address

SIGNATURE:

79/01 MUL

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