

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90050 035 ***150.00

DOCUMENT # **V02531**

1. Corporation Name

WORLD WIDE SERVICES CORPORATION

Principal Place of Business

**444 BRICKELL AVE
SUITE 210
MIAMI FL 33131
US**

Mailing Address

**444 BRICKELL AVENUE
SUITE # 210
MIAMI FL 33131
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 **25**

2a. Mailing Address

26 **785 CRANDON BLVD**

Suite, Apt. #, etc.

27 **# 806**

City & State

28 **KEY BISCAIYNE FL**

Zip

29 **33149**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

**MORALES, LUZ A
444 BRICKELL AVENUE
SUITE # 210
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1991

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

785 CRANDON BLVD # 806

83

84 City

KEY BISCAIYNE

FL

85 Zip Code

33149

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **ECHEVERRI, LUZ MARINA**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

TITLE ☐ DELETE

NAME **DVP**
STREET ADDRESS **ECHEVERRI, FERNANDO**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

TITLE ☒ DELETE

NAME **DVP**
STREET ADDRESS **ECHEVERRI, GLORIA S**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

TITLE ☐ DELETE

NAME **DVP**
STREET ADDRESS **ECHEVERRI, GERMAN**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

TITLE ☒ DELETE

NAME **DVP**
STREET ADDRESS **ECHEVERRI, OLGA L**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **MORALES, LUZ A**
CITY-ST-ZIP **444 BRICKELL AVENUE
MIAMI FL 33131**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP**
1.3 STREET ADDRESS **CELANA ECHEVERRI, SR**
1.4 CITY-ST-ZIP **785 CRANDON BLVD # 806
KEY BISCAIYNE FL 33149**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DS**
2.3 STREET ADDRESS **CLARA LUZ ECHEVERRI**
2.4 CITY-ST-ZIP **785 CRANDON BLVD # 806
KEY BISCAIYNE FL 33149**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **DVP**
3.3 STREET ADDRESS **LUZ M. ECHEVERRI**
3.4 CITY-ST-ZIP **785 CRANDON BLVD # 806
KEY BISCAIYNE FL 33149**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **DVP**
4.3 STREET ADDRESS **GERMAN ECHEVERRI**
4.4 CITY-ST-ZIP **785 CRANDON BLVD # 806
KEY BISCAIYNE FL 33149**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **DVP**
5.3 STREET ADDRESS **FERNANDO ECHEVERRI**
5.4 CITY-ST-ZIP **785 CRANDON BLVD # 806
KEY BISCAIYNE FL 33149**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **DT**
6.3 STREET ADDRESS **LUZ A. MORALES**
6.4 CITY-ST-ZIP **17630 SW 4 TH CT
Pembroke Pines FL 33149**

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (305) 365-3689
Date Daytime Phone #

0185897

CR2E034 (11/98)