

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 # **V49813** (1)

1. Corporation Name

**WORLDWIDE FIELD RESEARCH, INC.**



Principal Place of Business

**11333 S.W. 69 LANE  
MIAMI FL 33173**

Mailing Address

**11333 S.W. 69 LANE  
MIAMI FL 33173**

3. Date Incorporated or Qualified  
**07/10/1992**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

21 **7188 SW 103 CT CIR**

2a. Mailing Address

26 **7188 SW 103 CT CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**MIAMI FL.**

**MIAMI FL.**

Zip

Country

Zip

Country

24 **33173**

25 **USA**

29 **33173**

30 **USA**

4. FEI Number

**65-0350029**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

**ARANGO, RUTH  
11333 SW 69 LANE  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

**ARANGO, RUTH**

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

**7188 SW 103 CT CIR**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33173**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **ARANGO, RUTH**  
STREET ADDRESS **11333 S.W. 69 LANE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **ARANGO, RUTH**  
1.3 STREET ADDRESS **7188 SW 103 CT CIR**  
1.4 CITY-ST-ZIP **MIAMI FL. 33173**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **N/A**  
2.3 STREET ADDRESS **N/A**  
2.4 CITY-ST-ZIP **N/A**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **N/A**  
3.3 STREET ADDRESS **N/A**  
3.4 CITY-ST-ZIP **N/A**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **N/A**  
4.3 STREET ADDRESS **N/A**  
4.4 CITY-ST-ZIP **N/A**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **N/A**  
5.3 STREET ADDRESS **N/A**  
5.4 CITY-ST-ZIP **N/A**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **N/A**  
6.3 STREET ADDRESS **N/A**  
6.4 CITY-ST-ZIP **N/A**

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

Date

Daytime Phone #

CR2E034 (12/95)