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

Mailing Address

8173 NW 60TH STREET MIAMI EL 33166

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V57014 1. Corporation Name

Principal Place of Business

8173 NW 60TH STREET

MIAMI EL 33166

WORLDWIDE INTERNATIONAL PRODUCT CORPORATION, INC

US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						08/12/1992			
Principal Place of Business     2a. Mailing Address						4. FEI Number	,	Ar	plied For
21 26						65-0350432		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							~	\$8.75	Additional
22 27						5. Certifcate of Status Desired			equired
City & State City & State						6. Election Campaign Financing	_	\$5.00	May Re
23						Trust Fund Contribution		Added	
Zip	Country Zip			у	_	8. This corporation owes the curre	nt vear Intan	aible	
24	25 29 3					Personal Property Tax.		∃Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
PRENDES. PEER J					Name			•	
4320 W. BROWARD BLVD.					Street Addres	ss (P.O. Box Number is Not Acceptal	ble)		
STE. 5				╁	<del>.</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41.72		#1613 # #
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PARTATION 1 E 300 II			84	i	City		FL		Code
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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: Regis					ignature required w		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	DP	☐ DELETE	1.1 TITLE					Change	Addition [
NAME	DEFERRARI, SERGIO			1.2 NAME					1
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CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY-ST-ZIP					
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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 supplied that annual report is true and accorate 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 in feceive or rustee epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or only in attachment with all other like empowered.

SIGNATURE:

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90021 003 \*\*\*150.00