

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 23

DOCUMENT # **L04693** (2)

1. Corporation Name
THE PLANTAIN WORLD CORPORATION

Principal Place of Business	Mailing Address
2260 N.W. 13TH AVENUE MIAMI FL 33142	782 NW LEJEUNE ROAD SUITE 539 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/26/1989	3a. Date of Last Report 03/08/1994
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2. Principal Place of Business	2a. Mailing Address
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21	26
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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22	27
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City & State	City & State
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23	28
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Zip	Country	Zip	Country
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24	25	29	30
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4. FEI Number 65-0137578	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$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

10. Name and Address of New Registered Agent

WEILL, ROBERTO
782 NW LEJEUNE ROAD
SUITE 539
MIAMI FL 33126

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	WEILL JR., ROBERTO
STREET ADDRESS	2260 N.W. 13TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WEILL SR., ROBERTO A.
STREET ADDRESS	2260 N.W. 13TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	WEILL, ROLANDO A
STREET ADDRESS	2260 NW 13TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WEILL, RAFAEL
STREET ADDRESS	2260 NW 13TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WEILL, RAFAEL
STREET ADDRESS	3770 SW 28 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT A. WEILL JR.	
1.3 STREET ADDRESS	2260 NW 13Th Avenue	
1.4 CITY - ST - ZIP	Miami, FL, 33142	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DUPLICATE/VOID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or attached as an officer or director with an address.

SIGNATURE: **Robert A. Weill Jr.** 3-3-95 305-445-5852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number