

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 627232 (2)

1. Corporation Name

WHR INVESTIGATIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:45

Principal Place of Business

6135 NW 167 ST. ~~4th~~
SUITE E-26
MIAMI FL 33015
US

Mailing Address

6135 NW 167 ST. ~~4th~~
SUITE E-26
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/22/1979

3a. Date of Last Report
02/07/1994

4. FEI Number
59-1920864

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6135 NW 167 ST.

2a. Mailing Address

26 6135 NW 167 ST.

Suite, Apt., #, etc.

22 Suite E-26

Suite, Apt., #, etc.

27 Suite E-26

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33015

Country

25 USA

Zip

29 33015

Country

30 USA

9. Name and Address of Current Registered Agent

RILEY, WILLIAM H.
6135 NW 167 ST. #326
MIAMI FL 33015

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
RILEY, WILLIAM H.
6135 NW 167 ST. E-26
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
RILEY, WILLIAM H.
6135 NW 167 ST. E-26
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
KIRALY, STEPHEN N
6135 NW 167 ST. E-26
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: William H. Riley / WILLIAM H. RILEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 305-825-6120
DATE TELEPHONE #