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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63536

(3)

WELCOME USA OF FLORIDA, INC.

## FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 351 ALTARA AVENUE 351 ALTARA AVENUE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33146** CORAL GABLES FL 33146 3. Date Incorporated or Qualified 03/25/1987 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 65-0012953 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HEGE, LANIER B 351 ALTARA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 CORAL GABLES FL 33146 84 City 85 Zip Code Fl 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **HEGE, O. KENDALL** 1.2 NAME NAME 351 ALTARA AVENUE SUITE B STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33146** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HEGE, LANIER B. NAME 2.2 NAME 351 ALTARA AVENUE SUITE B STREET ADDRESS 2.3 STREET ADDRESS **OORAL GABLES FL 33146** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 Table NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not quality 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 supplied to the corporation of the corpora