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## **FILED** TILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ... May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # WEB & CORPORATION P97000063571 Principal Place of Business Mailing Address 7225 NW. 25th Street Suite 319 MIAMI, FL - 33 122 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified July 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Žip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Plugel Walter Street Address (P.O. Box Number is Not Acceptable) 21218 ST ANDREWS BLVD #508 CILY BOCA RATON Zip Code 33433 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. Amount general agent and title if applicable Dprl. 22, 1998 walter ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 11 TITLE PRESIDENT. Change Addition HOMERO. GONZALEZ WALTER. FLUGEL NAME PRESIDET 1.2 NAMS 2300 SW. 3 AV #1 2:218 ST ANDREWS BLVD. #508 BOCA STREET ADDRESS 13 STREET ADDRESS 35129 MIAMI CITY-ST-ZIP 1 4 CITY - ST - ZIP DELETE Change 21 TITLE VICE PRESIDENT Addition NAME 2.2 NAME HOMERO GONZALEZ 2300 SW. 3AV#1 MIAMI PL 33129 STREET ADDRESS 2 3 STREET ADDRESS 2 4 CHTY - ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE: 1 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP 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 5 1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 54 CHY-ST-ZIP TITLE DELETE 61 TITLE 200002514252° -05/06/98--01115--036 \*\*\*158.75

14. Thereby 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 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 trusten 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.

6 4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: \_

NAME

STREET ADDRESS

Walter Flyce Date Define Page Both