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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 462553

1. Corporation Name
WELSCH'S INTERNATIONAL, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90050 012 ***150.00

	. •							
Principal Place	e of Business	Mailing Address						
4872 S.W. 74TH CT. 4872 S.W. 74TH CT.								
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 10/02/1974	<u>.</u>	
2 Princinal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21	iddo o. Babinoss	26				59-1558784	Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75 A	
22 27						5. Certifcate of Status Desired	Fee Rec	quired
City & State City & State						6. Election Campaign Financing	\$5.00	
23 28						Trust Fund Contribution	Added to	Fees
Zip	Country Zip			8. This corporation owes the current year Intangible Personal Property Tax Pyes No			DNo	
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Registr		
	9. Name and Address of Cur	rent Registered Agent		81	Name	IV. Name and Address of new Registr		
Bur	NS, RICHARD			L				
5825 SUNSET DR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUIT	TE 205			83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
S Mi	IAMI FL 33143			"				
				84	City		FL 85 Zip C	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wa	s authorized	n hv	the corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the a	se of changing its	registered gistered
SIGNATURE					t signature required	d when reinstating) DA		
12.	Signature, typed or printed name of registered	AND DIRECTORS	TE: Registered	Ager	1 signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	DELETE	1.1 T	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	WELSCH, PAUL E.		1.2 N			•		
STREET ADDRESS	4872 SW 74TH CT		1		ADDRESS			
	MIAMI FL 33155			ITY-S			. :	
CITY-ST-ZIP	STD	DELETE	2.1 T		1-21		☐ Change	☐ Addition
NAME	-WELSCH, SHARON		22N			•	* 4	
STREET ADDRESS	4872 SW 74TH CT				ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33155				T-ZIP			
TITLE		☐ DELETE	3.1 TI		·····		☐ Change	☐ Addition
NAME			3.2 N	AME	ì	· ·	·	
STREET ADDRESS.			3.3 S	TREE	ADDRESS			
CITY-ST-ZIP			3.4. 0	XTY-S	T-ZIP		_ <u></u>	
TITLE		OELETE	4.1 T	ITLE			☐ Change	☐ Addition
NAME _			4.21	NAME.				
STREET ADDRESS			4.3 S	TREE	TADDRESS	*	•	ľ
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP	, , , , , , , , , , , , , , , , , , ,		
TITLE		OELETE	5.1 T	MLE	}		☐ Change	☐ Addition
NAME			5.2 N	AME		,		
STREET ADDRESS			5.3 S	TREE	T ADDRESS	•		. }
CITY-ST-ZIP				ITY-S	T-ZIP	* * * * * * * * * * * * * * * * * * * *	· .	
TITLE		☐ DELETE	6.1 T				Change	Addition
NAME	1				1			
				AME				
STREET ADDRESS					T ADDRESS			

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 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 conforation 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

661-4457