FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G74588** **(6)**

1. Corporation Name

W. B. INVESTMENTS CORP.

Principal Place of Business	Mailing Address
6901 RED ROAD ~~7500 S.W. 82 CT.~~ CORAL GABLES FL 33143 US	6901 RED ROAD ~~7500 S.W. 82 CT.~~ CORAL GABLES FL 33143 US

2. Principal Place of Business
21 6901 Red Road
22 Suite, Apt. #, etc.
23 City & State: Coral Gables
24 Zip: 33143
25 Country: DADE

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 10/27/1983
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-2517478 ☐ 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

9. Name and Address of Current Registered Agent

BARRIENTOS, WALTER
7500 S.W. 82 CT.
MIAMI FL 33143

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1 1 TITLE	PD	☐ Change ☐ Addition
NAME	BARRIENTOS, W. FREDDY		1 2 NAME	BARRIENTOS S. RIMAS	
STREET ADDRESS	6380 SW 69 ST		1 3 STREET ADDRESS	6380 SW 69 ST.	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	BARRIENTOS, JUSTINA		2 2 NAME		
STREET ADDRESS	7500 SW 82 CT		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	BARRIENTOS, WALTER		3 2 NAME		
STREET ADDRESS	7500 SW 82 CT		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	MARIT, ZADROZNY A.		4 2 NAME		
STREET ADDRESS	6380 SW 69 ST		4 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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: S Rimas Barrientos. 5/1/96 (305) 669-0168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #