SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G74588

(6)

W. B. INVESTMENTS CORP.

FILED

Sep 08 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address			a logisti bani oddi didal etidi bardi idii dibil bibil didii dibil dibil dibil		
6901 RED ROAD	6901 RED ROAD				
CORAL GABLES FL 33143	CORAL GABLES FL 33143			İ	
US	US			DO NOT WRITE	IN THIS SPACE
				Date Incorporated or Qualified	3a. Date of Last Report
				10/27/1983	05/01/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26	26		59-2517478	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e		etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			5. Continuate of Olatos Dosireo	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		··· · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip Country	Zip	_ Country	/	8. This corporation owes or has paid	d the current year Intangible No.
24 25	[29] [3	0	, .,	Personal Property Tax due June :	
9. Name and Address of Cu	rrent Registered Agent		T 41	10. Name and Address of New Reg	istered Agent
BARRIENTOS, WALTER		81	Name		
7500 S.W. 82 CT.		82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)
MIAMI FL 33143				'	
		83		I	
		84	City		lest zie Code
		04	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the abov	e-named c	orporation submits this statement for the pu	urpose of changing its registered
agent. I am familiar with, and accept the of	tale of Florida. Such change was aut bligations of, Section 607,0505. Florid	inorized by da Statute:	y the corpo s.	pration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	•				
Signature, typed or printed name of registered	d agent and title if applicable (NOTE: F	Registered Age	ent signature n	equired when reinstating)	DATE
	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME BARRIENTOS, S. RIMAJ		1.2 NAME	- 1		
STREET ADDRESS 8380 SW 69 ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY - S	ST - ZIP		
TITLE	☐ DEL€TE	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-			·
TITLE -6-D V	DELETE	31 TITLE		DIRECTUR VICE PAES.	Change Addition
NAME BARRIENTOS, WALTER	-	3.2 NAME			
STREET ADDRESS 7500 SW 82 CT	•	3 3 STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL					,
TITLE ST D	☐ DELETE	3.4. CITY - S 4.1 TITLE	SI-ZIP	SECH, THEAS, DIR.	Change Acdition
NAME MARIT, ZADROZNY A.				<u> </u>	E Onange D Aconton
TO AN OUR		4. 2 NAME	1000000		
LAIALAI CI	ļ.	4.3 STREET			
GITT-ST-ZIT	□ bt₁tr¢	4.4 CITY - S	II - ZIP		Abres 1 Leave
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			٠
STREET ADDRESS		5.3 STREE1	ADDRESS		
CITY-ST-ZIP		5.4 CITY - S	T-ZIP		
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET	ADDRESS		1
City-St-zip		6.4 CITY-S	T-ZIP		

14. I do 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 opporation 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.