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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J68806 (5)

1. Corporation Name
WESP, INC.

800001533770
-07/10/95--01081--001
***9225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC.~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~
~~100 SOUTHEAST 2ND ST. #3600~~	~~100 SOUTHEAST 2ND ST. #3600~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131~~
~~US~~	~~US~~

3. Date Incorporated or Qualified: 04/22/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2819400 — 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

2. Principal Place of Business		2a. Mailing Address	
21	2601 S. Bayshore Dr.	26	2601 S. Bayshore Dr.
22 Suite, Apt. #, etc.	Suite 1600	27 Suite, Apt. #, etc.	Suite 1600
23 City & State	Miami, FL	28 City & State	Miami, Florida
24 Zip	33133	29 Zip	33133
25 Country	U.S.	30 Country	U.S.

9. Name and Address of Current Registered Agent

~~FLORIDA REGISTERED AGENTS, INC.~~
~~100 S.E. 2 ST #3600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83 Suite 1600
84 City: Miami FL 85 Zip Code: 33133

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 the position as provided in the statutes.

A Z REGISTERED AGENT CORPORATION

SIGNATURE BY: Justin T. Wilson Justin T. Wilson 7/19/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE
Justin T. Wilson, Secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☑ Change ☐ Addition
NAME	ESPINOZA, WILLIAM	1 2 NAME	William Espinoza
STREET ADDRESS	4294 PALM AVE	1 3 STREET ADDRESS	4230 W 16 Ave
CITY-ST-ZIP	HIALEAH FL 33012	1 4 CITY-ST-ZIP	Hialeah Fl 33012
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

EW

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: William Espinoza. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR