

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K13171

1. Corporation Name

WALBET CORPORATION

Principal Place of Business

1110 Brickell Ave.
Suite 313
Miami, FL 33131

Mailing Address

2333 Ponce de Leon Blvd
Suite 650
Coral Gables, FL 33134

3. Date Incorporated or Qualified
01/28/88

3a. Date of Last Report
03/13/95

2. Principal Place of Business

21 c/o Mendoza, Callas &
Schilling
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o Mendoza,
Callas & Schilling
Suite, Apt. #, etc.

22 251 Royal Palm Way, Ste 602
City & State

27 P. O. Box 2715
City & State

23 Palm Beach, FL
Zip

28 Palm Beach, FL
Zip

24 33480 Country

29 33480 Country

4. FEI Number
65-0055491

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

Mario G. de Mendoza, III, Esq.
Mendoza, Callas & Schilling
251 Royal Palm Way, Suite 602
Palm Beach, FL 33480

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printer's name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/96
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME FREYRE, FABIO
STREET ADDRESS 1110 Brickell Ave., Ste 313
CITY-ST-ZIP Miami, FL

TITLE VDT ☒ DELETE
NAME MARTI, MANUEL
STREET ADDRESS 1110 Brickell Ave., #313
CITY-ST-ZIP Miami, FL

TITLE S ☒ DELETE
NAME DEL VALLE, IGNACIO G.
STREET ADDRESS 233 Ponce de Leon Blvd, #650
CITY-ST-ZIP Coral Gables, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VDT
MAHFUD, ARMANDO
1110 Brickell Ave., #313
Miami, FL 33131

S
MENDOZA, MARIO G. de, III
251 Royal Palm Way, Suite 602
Palm Beach, FL 33480

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario G. de Mendoza, III, Secretary

3/14/96

Date

(407) 659-1111

Daytime Phone #

0661-12-C