


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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K13171 (9)

1. Corporation Name  
WALBET CORPORATION

Principal Place of Business C/O MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, STE 602 PALM BCH FL 33480 US	Mailing Address MENDOZA, CALLAS & SCHILLING P.O. BOX 2715 PALM BCH FL 33480 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1988	
				4. FEI Number 65-0055491	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III MENDIZA, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FREYRE, FABIO			1.2 NAME	P GATO, ALINA F. H.		
STREET ADDRESS	1110 BRICKELL AVE., STE 313			1.3 STREET ADDRESS	1110 BRICKELL AVE., SUITE 313		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	VDT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHFUD, ARMANDO			2.2 NAME			
STREET ADDRESS	1110 BRICKELL AVE #313			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENDOZA, MARIO G DE. III			3.2 NAME			
STREET ADDRESS	251 ROYAL PALM WAY, STE 602			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH FL 33480			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE-MENDOZA, MARIO-G			4.2 NAME	DE MENDOZA, MARIO G., III		
STREET ADDRESS	251 ROYAL PALM WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILKINSON, DEBRA			5.2 NAME			
STREET ADDRESS	251 ROYAL PALM WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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:



Mario G. de Mendoza III, Vice Pres

561-650-1111

CR2E034 (10/97)