

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K13171

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90072 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1988

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
MENDIZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SUITE 602
PALM BEACH FL 33480

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

P

☐ DELETE

NAME

GATO, ALINA F

STREET ADDRESS

1110 BRICKELL AVE., STE 313

CITY-ST-ZIP

MIAMI FL 33131

TITLE

VDT

☐ DELETE

NAME

MAHFUD, ARMANDO

STREET ADDRESS

1110 BRICKELL AVE #313

CITY-ST-ZIP

MIAMI FL 33131

TITLE

S

☐ DELETE

NAME

MENDOZA, MARIO G DE. III

STREET ADDRESS

251 ROYAL PALM WAY, STE 602

CITY-ST-ZIP

PALM BCH FL 33480

TITLE

V

☐ DELETE

NAME

DE MENDOZA, MARIO G III

STREET ADDRESS

251 ROYAL PALM WAY

CITY-ST-ZIP

PALM BEACH FL

TITLE

AS

☐ DELETE

NAME

WILKINSON, DEBRA

STREET ADDRESS

251 ROYAL PALM WAY

CITY-ST-ZIP

PALM BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Mario G de Mendoza, III, Vice President 3/23/99 (561) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)