FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K28476** **(5)**

1. Corporation Name

INTERNATIONAL MERCHANDISING CORP.

Principal Place of Business	Mailing Address
13014 SW 115TH TERRACE MIAMI FL 33186	13014 SW 115TH TERRACE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1988**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0060570** ☐ Applied For ☐ Not Applicable

State, Apt. # or P.O. Box — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

8. This corporation has lately (or changed its name to within) Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SHIVDASANI, NALINI P.
13014 SW 115TH TERRACE
MIAMI FL 33186

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 Section 607.1501, and/or 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. The 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 607.325, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	PST	1. TITLE	☐ Change ☐ Addition
1. NAME	SHIVDASANI, NALINI P.	1. NAME	
1. STREET ADDRESS	13014 SW 115TH TERRACE	1. STREET ADDRESS	
1. CITY-ST-ZIP	MIAMI FL	1. CITY-ST-ZIP	
2. TITLE	D	2. TITLE	☐ Change ☐ Addition
2. NAME	SHIVDASANI, NALINI P.	2. NAME	
2. STREET ADDRESS	13014 SW 115TH TERRACE	2. STREET ADDRESS	
2. CITY-ST-ZIP	MIAMI FL	2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this report is absolutely false and 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 above, or on an attachment with an address. NALINI P. SHIVDASANI - President

SIGNATURE: Nalini P. Shivdasani 5/17/95 (305) 378-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203484 CP

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Secretary of State

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K29020** **(0)**

1. Entity Name

WLBE 790 INC.

Principal Place of Business	Mailing Address
32900 RADIO RD LEESBURG FL 34788	32900 RADIO RD LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1988**

3a. Date of Last Report: **10/18/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **65-0061174** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:

County — 25:

Zip — 29:

County — 30:

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIFFIN, BEN
12 EAST MCKEY ST.
OCOEE FL 34761

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 607.0505 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

(If changing Registered Agent, Registered Agent must sign) (If Registered Agent is signing, a corporate officer must sign) (DATE)

12. OFFICES AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	D	71 TITLE	☐ Change ☐ Addition
92 NAME	GRIFFIN, BEN	72 NAME	
93 STREET ADDRESS	345 S. LAKESHORE DR.	73 STREET ADDRESS	
94 CITY-ST-ZIP	OCOEE FL	74 CITY-ST-ZIP	
95 TITLE		75 TITLE	☐ Change ☐ Addition
96 NAME		76 NAME	
97 STREET ADDRESS		77 STREET ADDRESS	
98 CITY-ST-ZIP		78 CITY-ST-ZIP	
99 TITLE		79 TITLE	☐ Change ☐ Addition
100 NAME		80 NAME	
101 STREET ADDRESS		81 STREET ADDRESS	
102 CITY-ST-ZIP		82 CITY-ST-ZIP	
103 TITLE		83 TITLE	☐ Change ☐ Addition
104 NAME		84 NAME	
105 STREET ADDRESS		85 STREET ADDRESS	
106 CITY-ST-ZIP		86 CITY-ST-ZIP	
107 TITLE		87 TITLE	☐ Change ☐ Addition
108 NAME		88 NAME	
109 STREET ADDRESS		89 STREET ADDRESS	
110 CITY-ST-ZIP		90 CITY-ST-ZIP	
111 TITLE		91 TITLE	☐ Change ☐ Addition
112 NAME		92 NAME	
113 STREET ADDRESS		93 STREET ADDRESS	
114 CITY-ST-ZIP		94 CITY-ST-ZIP	

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)(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 1, 2 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Ben Griffin — 5/16/95 — 407-656-3141

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING — (DATE) — (Daytime Phone #)

0443430 FP

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

APPROVED AND FILED

DOCUMENT # **K31276** **(4)**

1. Corporation Name
WEB ACQUISITION CORPORATION

Principal Place of Business	Mailing Address
13930 N.W. 60 AVE. MIAMI LAKES FL 33014	13930 N.W. 60 AVE. MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0073101** — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / County 30

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

KLINGHOFFER, TEDDY D.
STEARNS WEAVER MILLER, ET AL.
150 W. FLAGLER ST., 25TH FL
MIAMI FL 33130

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVY, SIDNEY
STREET ADDRESS	13930 N.W. 60 AVE.
CITY-ST-ZIP	MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ 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)(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: [signature] Sidney Levy 5/17/95 305 557478[2]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone