

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

FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 121535
Corporation Name

WEG-FAR ASSOCIATES INC.

Principal Place of Business

Mailing Address

3971 SW 8th STREET
MIAMI FL. 33134
SUITE 210

3971 SW 8th STREET
MIAMI FL. 33134
SUITE 210

3. Date Incorporated or Qualified 10-3-89	3a. Date of Last Report 4/95
4. FEI Number 65 0152575	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	

Principal Place of Business	2a. Mailing Address
1 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
2 City & State	27 City & State
3 Zip	28 Zip
4 Country	29 Country
5	30

9. Name and Address of Current Registered Agent

DONATES, PEDRO
3931 SW 2nd terr
MIAMI FL. 33134

10. Name and Address of New Registered Agent

81 Name Pedro Donates
82 Street Address (P.O. Box Number is Not Acceptable) 3931 SW 8th St
83
84 City Miami
85 Zip Code 33134

I, 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	
TITLE	PD	1.1 TITLE	
NAME	DONATES, PEDRO	1.2 NAME	
STREET ADDRESS	3931 SW 2nd TERR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33134	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	FARMER, DANIEL	2.2 NAME	
STREET ADDRESS	1933 PEMBROKE ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL. 33020	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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***165.00

I do 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. 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: PEDRO DONATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

Daytime Phone #