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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L36149 WENINVEST, INC. Principal Place of Business Mailing Address 20901 BISCAYNE BLVD 20801 BISCAYNE BLVD DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180 AVENTURA FL 33180** 3. Date Incorporated or Qualified 12/12/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 21 26 98-0106276 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country This corporation owes or has paid the current year Intangible Yes ΠNο 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCRAE, MITCHELL T 2255 GLADES ROAD, SUITE 405 EAST 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 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 little if applicable (NOTE Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition PDT TITLE 1.1 TITLE NAME WENDMAN, MORTON 1.2 NAME STREET ADDRESS 9292 MEILLUR ST. #600L 1.3 STREET ADDRESS MONTREAL, QUEBEC CITY-ST-ZIP 14 CITY-ST-ZIP DELETÉ TITLE SD 21 TITLE Addition NAME WENDMAN, ELSA 2.2 NAME 9292 MEILLUR ST. #600L STREET ADDRESS 2.3 STREET ADDRESS MONTREAL, QUEBEC CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 <u>CITY - ST - ZIP</u> DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 about 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 compilation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath, that I am an officer or director of the compilation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1624/98.

ed, or on an attachment with an address.

CIGNATURE:

FILED