

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90122 013 ***150.00

DOCUMENT # **L36149**

1. Corporation Name
WENINVEST, INC.



Principal Place of Business
**20801 BISCAYNE BLVD
446
AVENTURA FL 33180
US**

Mailing Address
**20801 BISCAYNE BLVD
446
AVENTURA FL 33180
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1989

4. FEI Number

98-0106276

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**MCRAE, MITCHELL T
2255 GLADES ROAD, SUITE 405 EAST
BOCA RATON FL 33431**

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

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	WENDMAN, MORTON	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WENDMAN, ELSA	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2: NAME	
3: STREET ADDRESS	
4: CITY-ST-ZIP	
21: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22: NAME	
23: STREET ADDRESS	
24: CITY-ST-ZIP	
31: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32: NAME	
33: STREET ADDRESS	
34: CITY-ST-ZIP	
41: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42: NAME	
43: STREET ADDRESS	
44: CITY-ST-ZIP	
51: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52: NAME	
53: STREET ADDRESS	
54: CITY-ST-ZIP	
61: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62: NAME	
63: STREET ADDRESS	
64: 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)