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Mar 19 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 # L70748

(3)

1. Corporation Name
WELLTEP INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1 FLORIDA PARK DR SOUTH
STE - 324
PALM COAST FL 32137
US

1 FLORIDA PARK DR SOUTH
STE - 324
PALM COAST FL 32137-3802
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, LUIS A.
1 FLORIDA PARK DR SOUTH
SUITE 324
PALM COAST FL

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 of person filing this report (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.1 TITLE

2. NAME

1.2 NAME

3. STREET ADDRESS

1.3 STREET ADDRESS

4. CITY - ST - ZIP

1.4 CITY - ST - ZIP

5. TITLE

2.1 TITLE

6. NAME

2.2 NAME

7. STREET ADDRESS

2.3 STREET ADDRESS

8. CITY - ST - ZIP

2.4 CITY - ST - ZIP

9. TITLE

3.1 TITLE

10. NAME

3.2 NAME

11. STREET ADDRESS

3.3 STREET ADDRESS

12. CITY - ST - ZIP

3.4 CITY - ST - ZIP

13. TITLE

4.1 TITLE

14. NAME

4.2 NAME

15. STREET ADDRESS

4.3 STREET ADDRESS

16. CITY - ST - ZIP

4.4 CITY - ST - ZIP

17. TITLE

5.1 TITLE

18. NAME

5.2 NAME

19. STREET ADDRESS

5.3 STREET ADDRESS

20. CITY - ST - ZIP

5.4 CITY - ST - ZIP

21. TITLE

6.1 TITLE

22. NAME

6.2 NAME

23. STREET ADDRESS

6.3 STREET ADDRESS

24. CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. 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 contained 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 in an attachment with an address.

SIGNATURE:

[Signature]

LUIS A. LOPEZ

3/14/97

904/445-7160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)