Addition

Change

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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

•	1999	511.0.01 0. 00				04-21-1999 90	217 045	***150.00) ,)
i. Corporation	MENT # M2590 Name WELERS, INC.	8								
										1
Principal Place	e of Business	Mailing Address				- 1 (E\$1901) \$10 (1001 01156 10114 E\$19	i imit Offili mi	Est didit didit di	EL DIBIT FOR	F
4286 PALM AVE	•	4286 PALM AVE								
HIALEAH FL 33		HIALEAH FL 33012								
U\$		บร				DO NOT WRITI	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed 01/15/1986			, -	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			lied For	
21	<u> </u>	26				65-0118801			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		i I — —
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	·	28				Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip 24	Country 25	Zip 29 3	Cou	intry		This corporation owes the curre Personal Property Tax.	nt year Inta		o∧	
	9. Name and Address of Curr			Τ		10. Name and Address of New Re	gistered /	\gent		
				81	Name					
BESU, CARLOS				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			Ι.
3940 WEST 3RD AVENUE				Silect Address (1.0. Box Hamber is Not Acceptable)						
HIAL	EAH FL 33012			83	-					Į
				84	City			85 Zip C	nda	
	•			04	City		FL	63 Zip U	-00	
office or a	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut igations of, Section 607.0505, Florid	nonze	αονι	-named corp he corporati	poration submits this statement for the pon's board of directors. I hereby accept	urpose of the appoin	changing its r itment as reg	egistered istered	
SIGNATURE						· · · · · · · · · · · · · · · · · · ·	DATE		{	
40	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: R AND DIRECTORS	13,	Agent	signature require	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12	CR2E034 (11/98)
12. TILE	PD	DELETE	1.1 T	m F		ADDITIONS/GITANGES TO GIT	IOENO AN	Change	Addition	=
	BESU, CARLOS	<u></u>		AME]				_	4
NAME	3940 W. 3RD AVE.		L		ADDRESS				\ {	္မွ
STREET ADDRESS	HIALEAH FL		i i							22
CITY-ST-ZIP TITLE	S	□ DELETE			ZIF			Change	Addition	ַט
NAME	BESU, LAZARA R.		2.21							
STREET ADDRESS	3940 W. 3RD AVE.		1	-	ADDRESS			•	l	ĺ
	HIALEAH FL.		1	CITY-S1						ĺ
CITY-ST-ZIP	V	DELETE			-			Change	Addition	
NAME	BESU, HUMBERTO		3.2 N							
STREET ADDRESS	40.40 MJ 400 AUE		3.3 S	TREET	ADDRESS (]	1
CITY-ST-ZIP	HIALEAH FL			:πγ-S1						Į
TITLE	D	☐ DELETE						Change	Addition	
NAME	BESU, ELISIA		4.21	NAME					Į	
STREET ADDRESS	3940 W 3RD AVE		4.3 S	TREET	ADORESS					i
CITY-ST-ZIP	HIALEAH FL			TY-ST						i
TITLÉ	<u> </u>	☐ DELETE	5.1 T					Change	Addition '	
NAME			62 N	IAME	-				(i
STREET ADDRESS			5.3 S	TREET	ADDRESS				i	
CDV PT 70	}		5.4 C	ary-st	-ZiP					i

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 supplier ental 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 fundee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if chapted, or or an attachment with an address, with all other like empowered.

6.1 7TTLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME