FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **M43738** **(7)**

1. Corporation Name
WEDA DEVELOPERS, INC.

Principal Place of Business
2600 DOUGLAS RD.
PENTHOUSE 5
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD.
PENTHOUSE 5
CORAL GABLES FL 33134

3. Date Incorporated or Qualified **12/19/1986**
3a. Date of Last Report **03/24/1995**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number **59-2752810** ☐ 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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC
1201 HAYS ST
TALLAHASSEE FL 32301

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MARTHA	1.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD, PH 5	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSALES, X E	2.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD, PH 5	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	VT ☒ Change ☐ Addition
NAME	ROSALES, X FRANCISCO	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD, PH 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	LEVITT, STEVEN T.
STREET ADDRESS		4.3 STREET ADDRESS	2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 3/1/96 (305) 461-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
X FE ROSALES, PRESIDENT DIRECTOR

CR2E034 (12/95)