

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M43738 (7)**  
1. Corporation Name  
**WEDA DEVELOPERS, INC.**

Principal Place of Business <b>2600 DOUGLAS RD. PENTHOUSE 5 CORAL GABLES FL 33134</b>	Mailing Address <b>2600 DOUGLAS RD. PENTHOUSE 5 CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/19/1986</b>	4. FEI Number <b>59-2752810</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES INC 1201 HAYS ST TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name <b>SOUTH FLORIDA RESIDENT AGENTS, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 SOUTH BISCAYNE BLVD.</b> 83 <b>SUITE 4750</b> 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33131</b>	
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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 *Ronald A. Shapo* **Ronald A. Shapo, President** 2-17-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS LEVITT, STEVEN T. 2600 DOUGLAS RD, PH 5 CORAL GABLES FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROSALES, X E 2600 DOUGLAS RD, PH 5 CORAL GABLES FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PT FRANCISCO, ROSALES X 2600 DOUGLAS RD, PH-5 CORAL GABLES FL	3.1 TITLE	PT
NAME		3.2 NAME	ROSALES, X. FRANCISCO
STREET ADDRESS		3.3 STREET ADDRESS	2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *X. Francisco Rosales* **X. FRANCISCO ROSALES** 2/13/98 (305) 461-2142  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0187702

CR2E034 (10/97)