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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M97737**

1. Corporation Name  
**WALUTA CORPORATION**



Principal Place of Business

483 5TH AVE SOUTH  
 SUITE B-6  
 NAPLES FL 34102  
 US

Mailing Address

483 5TH AVE SOUTH  
 SUITE B-6  
 NAPLES FL 34102  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/08/1988**

2. Principal Place of Business

21 **6360 Pelican Bay Blvd**

2a. Mailing Address

26 **6360 Pelican Bay Blvd**

4. FEI Number

**65-0078295**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **105-C**

Suite, Apt. #, etc.

27 **105-C**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

23 **Naples, Florida**

City & State

28 **Naples, Florida**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

24 **34108**

Country

Zip

29 **34108**

Country

30

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**AMATO, LOUIS X.**  
**1400 GULF SHORE BLVD. NORTH**  
**NAPLES FL 33940**

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  DELETE  
 NAME **DP BELLACH, WOLFGANG**  
 STREET ADDRESS **483 5TH AVE SOUTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  DELETE  
 NAME **DS BELLACH, UTE**  
 STREET ADDRESS **483 5TH AVE SOUTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **6360 Pelican Bay Blvd, 105-C**  
 1.4 CITY-ST-ZIP **Naples, FL 34108**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **6360 Pelican Bay Blvd, 105-C**  
 2.4 CITY-ST-ZIP **Naples, FL 34108**

3.1 TITLE  Change  Addition

4.1 TITLE  Change  Addition

5.1 TITLE  Change  Addition

6.1 TITLE  Change  Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a l other like empowered.

SIGNATURE: **Wolfgang Bellach (Wolfgang BELLACH) Pres. 4/24/94 (941) 566-8391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)