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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N43932** **(5)**

1. Corporation Name

WORLDWIDE MARRIAGE ENCOUNTER OF SOUTHEAST FLORID A, INC.

Principal Place of Business	Mailing Address
9121 ORCHID TREE LANE PEMBROKE PINES FL 33024	9121 ORCHID TREE LANE PEMBROKE PINES FL 33024-4615

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business	2a. Mailing Address
21 881 ZINNIA LANE	26 881 ZINNIA LANE
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: PLANTATION, FL.	28 City & State: PLANTATION, FL
24 Zip: 33317 / 25 Country: U.S.A.	29 Zip: 33317 / 30 Country: U.S.A

4. FEI Number: 65-0297362 ☐ 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	10. Name and Address of New Registered Agent
MOREJON, RON 9121 ORCHID TREE LANE PEMBROKE PINES FL 33024	81 Name: FRANK A. MATHEY 82 Street Address (P.O. Box Number is Not Acceptable): 881 ZINNIA LANE 83 84 City: PLANTATION FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 2/7/97
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	PD	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	MORJON, RON		1.2 NAME	FRANK A. MATHEY	NEW
STREET ADDRESS	9121 ORCHID TREE LANE		1.3 STREET ADDRESS	881 ZINNIA LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE-PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	MORJON, TONI		2.2 NAME	AGNES MATHEY	NEW
STREET ADDRESS	9121 ORCHID TREE LANE		2.3 STREET ADDRESS	881 ZINNIA LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE	SD	☒ DELETE	3.1 TITLE	TREASURER A.K.A.	☒ Change ☐ Addition
NAME	BALIK, LARRY		3.2 NAME	OVELIO A. RUIZ (TOM RUIZ)	NEW
STREET ADDRESS	220 COLONY WAY WEST		3.3 STREET ADDRESS	8380 NW 29 ST.	
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE	TD	☒ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	BALIK, HERMENA		4.2 NAME	BEATRIZ RUIZ	NEW
STREET ADDRESS	220 COLONY WAY WEST		4.3 STREET ADDRESS	8380 NW 29 ST.	
CITY-ST-ZIP	JUPITER FL 33458		4.4 CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE		☐ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME			5.2 NAME	RON MOREJON	
STREET ADDRESS			5.3 STREET ADDRESS	9121 ORCHID TREE LN	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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		

CR2E037 (9/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/7/97 (954) 523-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023772