FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

. ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT #	N9500000	000001320 (9)			
WHALER N' PARADI	SE, INC.				
Principal Place of Business	Ma	iling Address			
2727 NW 38TH STREET MIAMI FL 33142		27 NW 38TH STREET AMI FL 33142			
Principal Place of Business	2a	Mailinn Address			



2727 NW 38TH STREET MIAMI FL 33142				2727 NW 38TH STREET MIAMI FL 33142								
									03/17/1995	. Date of Last	Report	
2. Principal Pl	lace of Busin	ess		28	a. Mailing Address	S			4. FEI Number		Applied For	
21			26	26				4. FEI Number				
Suite, Apt. #, etc.					Suite, Apt. #, etc.						Additional	
22				27	27				5. Certificate of Status Desired	•	Required	
City & State					City & State				6. Election Campaign Financing	\$5.0	O May Be	
23					28				Trust Fund Contribution Added to Fees			
Zip		-	Country	-	Zip Countr				8. This corporation has liability for intangible tax under s. 199.032,			
24	o Nome	25	Add	29	-1				Florida Statutes			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
							81	Name				
SCHFRRIN, MICHAEL ESQ. ONE SOUTHEAST THIRD AVENUE STE. 1400					82 Street Address (P.O. Box Number is Not Acceptable)							
				1400			_					
,		ATIO	NAL CENTER				83					
MIAMI FI	L 33131						84	City		85 Zig	o Code	
							-	,	F	■I I I í		
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, typed or printed name of registered agent and tide if applicable. [NOTE: Rogistered Agent signature required when reinscating! DATE												
12.			OFFICERS AF				13.	. agradure re-	ADDITIONS/CHANGES TO OFFICERS		199 IN 12	
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NAME I	SCHAFE	R, W	ARREN J JR.		•		.2 NAME				L riddingir	
STREET ADDRESS	DRESS 2727 NW 38TH STREET						I.3 STREET ADDRESS				;	
CITY-ST-ZIP	MIAMI FL 33142						1.4 CHY-ST-ZIP					
TITLE	D				DELETE		1 TITLE	1-211		Change	Addition	
NAME	SCHAFER, ROBERT					2	2 2 NAME			E.J. o. a. igo		
STREET ADDRESS	0707 1841 04711 070FFF					2.3 STREET ADDRESS		ADORESS				
CITY-ST-2IP	MIAMI F	L 33	142			2 4 CHTY-ST-ZIP						
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NAME	FIEDLER	, JOI	HN		_		2 NAME					
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STREET ADDRESS								ADDRESS	-07/17/9601011	-U14	1/11	
CITY-ST-ZIP							4 CITY-S		***61.25		1/6 12	
	y certify that	the ir	formation supplied	with this	s filing is voluntaril	y furnished a	nd doe:	s not quali	ify for the exemption stated in Section 119.07(3)(k)	Florida Statut	es. I further	

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 regiver 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 attachmen) with an address.

SIGNATURE: ___

SIGNATURE AND TYPES ON PRINTED NAME OF BONING OFFICER OR DIRECTOR

WARREN J SCHAFER TR. PRESIDENT

(365)635-2445 Daytine Prone x