

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

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P9200001572**  
1. Corporation Name

**Wend Marketing & Midia, Corp**

Principal Place of Business	Mailing Address
<b>941 N.E. 19th Avenue Suite 205 Ft. Lauderdale, Fl zip:33304</b>	<b>941 N.E. 19th avenue Suite 205 Ft. Lauderdale, Fl zip:33304</b>

3. Date Incorporated or Qualified <b>11/03/1992</b>	3a. Date of Last Report <b>09/13/96</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>941 N.E. 19th Avenue</b>	26 <b>941 N.E. 19th Avenue</b>	<b>65-0365487</b>	Not Applicable
22 <b>Suite 205</b>	27 <b>Suite 205</b>	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <b>Ft. Lauderdale, Fl</b>	28 <b>Ft. Lauderdale, Fl</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>33304</b>	25 <b>USA</b>	29 <b>33304</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>Juliana Franca 941 N.E. 19th Avenue Suite 306A Ft. Lauderdale, Fl 33304</b>	81 Name <b>Juliana Franca</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>941 N.E. 19th Avenue Suite 306A</b> 84 City <b>Ft. Lauderdale, FL</b> 85 Zip Code <b>33304</b>

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 to be appointed, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Juliana Franca* DATE: **2/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	1.2 NAME	
STREET ADDRESS	<b>Ebenezer N. Dias</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>696 Siesta Key Circle 1921 Deerfield beach, Fl 33441</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary</b>	2.2 NAME	<b>GLAUCIA BORGES</b>
STREET ADDRESS	<b>Ebenezer N. Dias</b>	2.3 STREET ADDRESS	<b>696 SIESTA KEY CIRCLE 1921</b>
CITY-ST-ZIP	<b>696 Siesta Key Circle 1921 Deerfield Beach, Fl 33441</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer</b>	3.2 NAME	
STREET ADDRESS	<b>Ebenezer N. Dias</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>696 Siesta Key Circle 1921 Deerfield Beach, Fl 33441</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice-President</b>	4.2 NAME	
STREET ADDRESS	<b>Ebenezer N. Dias</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>696 Siesta Key Circle 1921 Deerfield Beach, Fl 33441</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>100002127531</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-03/28/97--01103--045</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***173.75</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* DATE: **2/21/97** (95V)701-2131

CR2E034 (9/96)