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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham -

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045578 (0)

WUBBAS LIMITED, INC.

**FILED** Mar 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		I 1884/88) 310 (9190 11)44 88)71 98)11 884)1 881)1 881)1 8	11601 01401 0 <del>14</del> 14 10004 1011 1001
801 S UNIVERSITY DRIVE C-139 33324ATION FL 33135 US		801 S UNIVERSITY DRIVE \$8129 <b>C139</b> PLANTATION FL 33324 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 06/21/1993	
	lace of Business	2a. Mailing Address	4 > >	4. FEI Number	Applied For
21		26 801 9. University Drive		65-0419336	Not Applicable
Suite, Apt.		27 C 39		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	28 Plantotron	a R	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country IO USA	This corporation owes or has paid the Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
PEDRO P. DELGADO, CPA 81 Name					
1920 S DIVIE HIGHWAY				fress (P.O. Box Number is Not Acceptable)	
SUITE 220				mess (1.0. Box Number is Not Acceptable)	
co	RAL GABLES FL 33146		83		
1			84 City		85 Zip Code
44 0 0	10			<b>_</b>	L
I Office of the	to the provisions or Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig	3 of Norida. Such change was au	thorized by the cornors	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
1	m lamiliar with, and accept the bong	RATIONS OF, SECTION 607,USUS, FIOR	da Statutes.		
SIGNATURE	Signature, typod or printed name of registered ag-	ont and bill it applicable (NOTE: I	Registered Agent signature requ	Wed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	CAMARA, MARK X		1.2 NAME		
STREET ADDRESS	801 S UNIVERSITY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	I outre	1.4 CITY-ST-ZIP		
TITLE	CAMARA, JENNIFER J	☐ DELETE	2.1 TITLE		Change
NAME	801 S UNIVERSITY DRIVE		2.2 NAME		
STREET ADDRESS	PLANTATION FL		2.3 STREET ADDRESS	÷.	
CITY-ST-ZIP	PENTATION FE	☐ DÉLETE	2.4 CITY-ST-ZIP	<u> </u>	Oberes   Addition
NAME			3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
City-St-ZiP			3.4. City-St-Zip		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		<del>-</del> ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ľ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TOLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		İ
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 chapted or on an attachment with an actives.

**SIGNATURE:** 

3/1/ev