## 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 #

P93000079294 (3)

WALARCH INC.												
Principal Place of Business Mailing Address												
12539 SW 128 S MIAMI FL 33186 US	त.	12539 SW 128 ST. Miami Fl 33186 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/17/1993						
2. Principal Plac	e of Business	2a. Mailing Address				4.	FEI Number			Applied For		
n		26			_		65-0456374			Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			6.	Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zip	Country 25	Ζφ <b>29</b>	30 Co	untry		8.	This corporation owes or has p Personal Property Tax due Juni		current ye			
9, Name and Address of Current Registered Agent  81 Name						10. Name and Address of New Registered Agent						
NEPI, CLAUDIO 12539 SW 128 ST. MIAMI FL 33186					Name Street Addre	ess (P	O. Box Number is Not Accepta	ble)				

FL

City

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.										
agent. I a	m familiar with, and accept the obligations of, Section 607	.0505, Florid	a Statutes.							
SIGNATURE	Signature typed or punited name of registered agent and title if applicable	(NOTE: Pe	poistered Ament pigoshus	required when reinstating)	DATE					
12.				13. ADDITIONS/CHANGES TO OFFIC						
TITLE	PD D	ELETE	1.1 TITLE			Change	Addition			
NAME	NEPI, CLAUDIO		1.2 NAME				ļ.			
STREET ADDRESS	12539 SW 128 ST.		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				i			
TITLE		ELETÉ	2.1 TITLE			Change	Addition			
HAME	WALTHER, MICHAEL		22 NAME				l			
STREET ADDRESS	12539 SW 128 ST.		2.3 STREET ADDRESS		405					
CITY-ST-ZIP	MIAMI FL		2.4 CITY - ST - ZIP							
TITLE		ELETE	3.1 TITLE	<del></del>	<del></del>	☐ Change	Addition			
NAME	WALTHER, EMMA		3.2 NAME							
STREET ADDRESS	12539 SW 128 ST.		3.3 STREET ADDRESS				ĺ			
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP							
TITLE		ELETE	4.1 TITLE			Change	Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADORESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP				ĺ			
TITLE		ELETE	5.1 TITLE			Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		ELETE	6.1 TITLE			☐ Change	Addition			
NAME			6.2 NAME							
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 argual 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 true 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 Chapter 607 or an attachment with an addition

**SIGNATURE:** 

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Zip Code