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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000015983 (7)

## WEINER INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 5030 CHAMPION BLVD. 5030 CHAMPION BLVD. STE. 6-120 STE. 6-120 **BOCA RATON FL 33496-2473 BOCA RATON FL 33496** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1994 06/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0459634 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zψ Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Weiner, Darren S 5030 CHAMPION BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 6-120 83 **BOCA RATON FL 33496** 84 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 T(T) F TITLE WEINER, DARREN NAM 1.2 NAME 5030 CHAMPION BLVD-SUITE 6-120 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CUTY-ST-7-P DELETE Change ■ Addition HILF 21 TITLE 22 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAM 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-7IP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-71P 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE THILE 5.2 NAME NAMI STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STHEET ADDRESS

64 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.

3/30/97

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR