

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000049911 (8)**

1. Corporation Name  
**WEN-SOUTH HOLDINGS, INC.**



Principal Place of Business: **15605 S. W. 49TH STREET MIAMI FL 33185**  
Mailing Address: **15605 S. W. 49TH STREET MIAMI FL 33185**

3. Date Incorporated or Qualified: **06/30/1994**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **65-0513692**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **6840 S.W. 145 Terrace**  
2a. Mailing Address: **6840 S.W. 145 Terrace**  
22. City & State: **Miami, FL.**  
23. City & State: **Miami, FL.**  
24. Zip: **33158** 25. Country: **USA**  
26. City & State: **Miami, FL.**  
27. City & State: **Miami, FL.**  
28. City & State: **Miami, FL.**  
29. Zip: **33158** 30. Country: **USA**

9. Name and Address of Current Registered Agent  
**GOLDMAN, MARC L ESO.  
9980 S. W. 83RD AVENUE  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. 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 \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Corporation)

12. OFFICERS AND DIRECTORS

11.1 TITLE	PSD	<input type="checkbox"/> DELETE
11.2 NAME	BALSINDE, SERGIO	
11.3 STREET ADDRESS	15605 S. W. 49TH STREET	
11.4 CITY - ST - ZIP	MIAMI FL 33185	
11.5 TITLE	VPTD	<input type="checkbox"/> DELETE
11.6 NAME	RODRIGUEZ, EDILBERTO	
11.7 STREET ADDRESS	4933 N.W. 103RD AVENUE	
11.8 CITY - ST - ZIP	CORAL SPRINGS FL	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY - ST - ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	BALSINDE, SERGIO	
12.3 STREET ADDRESS	6840 S.W. 145 TERRACE	
12.4 CITY - ST - ZIP	Miami, FL. 33158	
12.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY - ST - ZIP		
12.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST - ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		

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 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: *S Balsinde* 2/12/96 (30) 251-6787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)