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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 · DOCUMENT #

1. Corporation Name

P94000068749 (8)

WEI HOLDINGS, INC.

Principal.	Place	οŁ	Business	

Mailing Address

13055 ARCH CREEK TERRACE NORTH MIAMI FL 33181 13055 ARCH CREEK TERRACE NORTH MIAMI FL 33181



	Al FL 33181	NORTH MIAMI FL 33	101				
					3. Date Incorporated or Qualified	3a. Date of Last	=
					09/19/1994	07/20/1	
2, Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	<u> </u>	Applied For
11		26			65-0532290	60.5	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional e Required
City & State		City & State			6. Election Campaign Financing	\$5.	00 May Be
3		28			Trust Fund Contribution	1 1	led to Fees
Zip.	Country	Zip	}— ,	untry	8. This corporation has liability for it		s 199.032,
4	25	29	30		Florida Statutes Yes		
	g. Name and Address of Curr	ent Registered Agent		 	10. Name and Address of New R	egistered Agent	
				81 Name			
JENKINS	S, RONALD H			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	ARCH CREEK TERRACE			83			
NORTH	MIAMI FL 33181						
				84 City		E1 85	Zip Code
44 D	a the provisions of Post-one 607 OF	00 and 607 1500 Florida Ptot	toe the ch	our pamed cores	ration submits this statement for the pur	nose of changing it	e ranistarad office
or redistere	ed agent, or both, in the State of Fk	orida. Such chance was authori	ized by the	corporation's boar	rd of directors. I hereby accept the appoint	pose of changing it pintment as register	ed agent. I am
familiar with	h, and accept the obligations of, Se	ection 607.0505, Florida Statute	S.				
SIGNATURE .	Signature, typed or printed name of regionalists	na Leval Disk it producation (N	.OIF : Floristorn	d Agent signature require	d wen renstalaul	DATE	
	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
U'LE	D.	DELETE		TITLE		☐ Chang	
NAME	WINGERSER POGER	-	1.2 1	NAME			
STHEET ADDRESS	4820 N.W. 991H COURT	11	1.3 \$	STREET ADDRESS			
CHTY-ST-7IP	MIAMI FL 33176	1	1.4 (CITY - ST - ZIP			
	D	□ DELETE	2 1	TITLE		Chang	e 🔲 Addition
THU:							
	JENKINS, RONALD		2 2 N	NAME			
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14. To hereby certify that the information supplied with this filling is voluntarily turnished and obes not qualify by the exemption stated in solution 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

GNATURE THE TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 625-1200 Destrue Phone #