

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001794 (3)

1. Corporation Name

WEALTH TRENDS INC.



Principal Place of Business

Mailing Address

12910 SW 89TH CT
MIAMI FL 33176

12910 SW 89TH CT
MIAMI FL 33176

2. Principal Place of Business

21 12327 SW 143 Ln.

Suite, Apt. #, etc.

22

City & State
23 Miami, FL

Zip

24 33186

Country

25 Dade

2a. Mailing Address

26 12327 SW 143 Ln.

Suite, Apt. #, etc.

27

City & State
28 Miami, FL

Zip

29 33186

Country

30 Dade

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

4. FEI Number

65-0584543

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MAIR, STEVEN A
12910 SW 89TH CT
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12327 SW 143 Ln.

83

84

City

Miami

FL

85

Zip Code

33186

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. For officer, type printed name and title. For agent, type printed name and title. For director, type printed name and title. For shareholder, type printed name and address.

(If officer, registered agent, or director, signature required when filing change.)

Date

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAIR, STEVEN A
STREET ADDRESS 12910 SW 89TH CT
CITY - ST - ZIP MIAMI FL 33176

TITLE ST ☐ DELETE

NAME MAIR, LINDA N
STREET ADDRESS 12910 SW 89TH CT
CITY - ST - ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13-I changed, or on an attachment with an address.

SIGNATURE:

Linda N. Mair

Secy/Treas.

6/16/96

305)235-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)