

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035042 (7)

1. Corporation Name

WELLINGTON MANAGEMENT HOLDINGS, INC.

Principal Place of Business
6175 N.W. 153rd Street
Suite 215
Miami Lakes, FL 33014

Mailing Address
6175 N.W. 153rd Street
Suite 215
Miami Lakes, FL 33014

05-13-1999 90003 045 ***150.00

FILED
May 13, 1999 8:00 am
Secretary of State

2. Principal Place of Business
21 6175 N.W. 153rd St.

Suite, Apt. #, etc.

22 Suite 312

City & State

23 Miami Lakes, FL

Zip Country

24 33014 **25** US

2a. Mailing Address
26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

27 Suite 312

City & State

28 Miami Lakes, FL

Zip Country

29 33014 **30** US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1995

4. FEI Number
65-0723848 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

Sheldon Evans, P.A.

6175 N.W. 153rd Street

Suite 215

Miami Lakes, FL 33014

81 Name **Sheldon Evans, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153rd Street

83 Suite 312

84 City **Miami Lakes, FL** 85 Zip Code **33014**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wals, Gerardo	1.2 NAME	Wals, Gerardo
STREET ADDRESS	6175 N.W. 153rd St., Ste. 215	1.3 STREET ADDRESS	6175 N.W. 153rd St., Ste. 312
CITY-ST-ZIP	Miami Lakes, FL 33014	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wals, Gerardo	2.2 NAME	Wals, Gerardo
STREET ADDRESS	6175 N.W. 153rd St., Ste. 215	2.3 STREET ADDRESS	6175 N.W. 153rd St., Ste. 312
CITY-ST-ZIP	Miami Lakes, FL 33014	2.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO WALS, PRESIDENT

3/22/99

Date

Daytime Phone #

CR2E034 (11/98)