## 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** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90079 036 \*\*\*150.00

## DOCUMENT # P95000065328 1. Corporation Name

WB AMERICA, INC.

Principal Place of Business

Mailing Address

|--|

1200 CLINTMOORE RD #1 BOCA RATON FL 33487  1200 CLINTMOORE RD #1 BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/23/1995				
Principal Place of Business 21	2a. Mailing Address		4. FEI Number 65-0623852	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip Co 29 30	ountry	This corporation owes the current year     Personal Property Tax.	Intangible ☑Yes ☐No			
9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent				
FREIDMAN, ANDREW R 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City					
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the obligations.	of Florida. Such change was authorize	above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	L     of changing its registered			

SIGNATURE										
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	PSTD C	DELETE	1.1 TITLE	PSTO		T Change	☐ Addition			
NAME	BATISTA, WERNER		1.2 NAME	Werner Batista 1200 Clint Moor	~					
STREET ADDRESS	7900 GLADES RD., SUITE 300		1.3 STREET ADDRESS	1200 Clint Moor	e Rol=1					
CITY-ST-ZIP	BOCA RATON FL 33434	_	1.4 CITY-ST-ZIP	Boca Raton FL	<u>. 33484</u>					
TITLE		DELETE	2.1 TITLE			Change	☐ Addition			
NAME			2.2 NAME							
STREET ADDRESS	پ د مد مد		2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE			Change	☐ Addition			
NAME	••		3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY+ST+ZIP							
TILE		DELETE	4.1 TITLE			☐ Change	☐ Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADORESS							
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP		•					
mre		DELETE	5.1 TITLE			☐ Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE EX. 5	7	DELETE	6.1 TITLE			Change	☐ Addition			
NAME THE	を放射 (対象) (第三) 機能性		6.2 NAME							
STREET ADDRESS	STEERS OF THE ST.		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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of the receiver or true tee 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 or) an attachment with an address, with all other like empowered.

SIGNATURE: \( \frac{1}{2} \)