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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086865 (9)

WEITZMAN INTERNATIONAL, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Plac	Mailing Address	Address			- 1 100117001 170 10181 81111 80171 00177 00111 00101 161	/W WINDS 10/10	0) F		
300 THREE ISLAND BLVD. #816 300 THREE ISLAND BL HALLANDALE FL 33309 HALLANDALE FL 33309			. #816						
TWILDWINGE TE 33303		INCENTRALLE FE 00000			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 11/09/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26			44 444		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		O May Be		
23		Zip Country			Trust Fund Contribution		d to Fees		
Žip	Country	Zip	_	ııry		8. This corporation owes or has paid the cur	_ ′		
24	25 29 30 30 29 Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Registered		∐ No	
 					Name	IV. Name and Address of New Adjustered	Agent		
WEITZMAN, LUCIA 300 THREE ISLAND BLVD, #616									
HALLANDALE FL 33309				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	ALDUNDALE PL 55508		ļ.	83					
							T 1 =		
			ľ	84	City	FL	85 Zip	p 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.									
agent. i a SIGNATURE	im familiar with, and accept the oblig	ations of, Section 607.0505, Floric	da Statu	rtes.					
SIGNATURE	Signature, typed or printed name of registered ag-		Registered	Agen	I signature require	d when reinstating) DATE			
12.	 	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	C DELETE		1.1 TITLE				Change	Addition	
NAME	WEITZMAN, LUCIA		1.2 NAME						
STREET ADDRESS 300 THREE ISLAND BLVD, #8		FB1B	1.3 STREET ADDRESS						
CITY - ST - ZIP	HALLANDALE FL 33309	T DELEVE	1.4 CITY-ST-ZIP		- ZIP		110	4.4.197	
TITLE				2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		· I				
CITY-ST-ZIP	IP DELETE			2. 4 CITY-\$T-ZIP			Change	h Addition	
TITLE	L DELETE		3.1 TITLE				L Change	Addition	
NAME PARCET ADDRESSES	ecc.		3.2 NAME 3.3 STREET ADDRESS		1000000			į	
STREET ADDRESS	55			·					
CITY-ST-ZIP TITLE	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition	
NAME			4. 2 NA				LL Vitality		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE				4.4 CITY - ST - ZIP 5.1 TITLE		·	Change	Addition	
NAME		<u> </u>	5.2 NAN						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE				5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition	
NAME			6.2 NAN						
STREET ADORESS					ADDRESS			ļ	
SINEEL VOORESS			U.3 31K	CC I A	WUNESS			4	

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 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 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 or an attachment with any address.

SIGNATURE:

SIGNATURE: