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FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mor

Secretary of St

DIVISION OF CORPO TIONS

DOCUMENT # P95000094734 (7)

WHENEVER, INC.

FILED May 06 1997 8:00am Secretary of State



]	
Principal Place of Business		Mailing Address			itte fiktift fåter årber dekna sårte firat i nar
750 SAN ESTEBAN AVE. CORAL GABLES FL 33146		750 SAN ESTEBAN AVE. CORAL GABLES FL 33146	-1216		
			i	3. Date incorporated or Qualified 12/13/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite April III etc		26		65-0644290	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Contry	8. This corporation has liability fo	
24	25	29	30		Yes No
	9. Name and Address of Curren			10. Name and Address of New F	legistered Agent
	RPORATION SERVICE COMPANY		81 Namo		
	HAYS STREET		82 Street Ad	dress (P.O. Box Number is Not Accepta	ablo)
TALLAHASSEE FL 32301-2525					
			83		·
			84 City		85 Zip Code
					FL
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the apove-named co authorized by the corpor orida Statites.	rporation submits this statement for the ation's board of directors. I hereby acc	epurpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and tale if applicable. (NOT)	E: Registorel Agent signature reg	uired when reinstat no)	DATE
12.	OFFICERS AND		13.	·	FICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 THE		☐ Change ☐ Addition
NAME	PICOT, ISABEL		1.2 N.MF		1
STREET ADDRESS	750 SAN ESTEBAN AVE.		1.3 STREET ADDRESS]}
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 jC/(Y - S1 - ZIP		13
TITLE	ST	☐ DELE1E	2.1 TILE		Change [] Addition
NAME	PICOT, JEAN-FRANCIOS		2.2 NAME		
STREET ADDRESS	750 SAN ESTEBAN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		2. 4 OTY - ST - ZIP		
TITLE		DELETE	31 MILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4 :CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 \$TREET ADDRESS)
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 ÇITY - S1 - ZIP		\
TITLE		DELETE	6.1 TILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$TREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
	by certify that the information supplied	d with this filing does not qualif		led in Section 119.07(3)(i), Florida Statu	utes. I further certify that the

4. I do 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.

CICNIATURE.

TORINGUICEDIPATE

1205/161, 2220