

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

FILED  
Mar 10 1997 8:00am  
Secretary of State

|   |   |
|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northant<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # P96000002289  
\* Corporation Name  
W.P. GLOBAL INVESTMENTS INC

|  |  |
|--|--|
| Principal Place of Business<br>X<br>4090 ANE 94 AVE<br>FT LAUDERDALE, FLA<br>33334 | Mailing Address<br>2511 SW 21ST<br>FT LAUDERDALE, FLA<br>33312 |
|--|--|

|                                |                        |   |                                |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br>165-0641626  | Applied For<br>Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent                          |
|   | 81 Name<br>WAYNE PENA   |
|   | 82 Street Address (P.O. Box Number is Not Acceptable)<br>2511 SW 21ST |
|   | 83 City<br>FT LAUDERDALE, FLA   |
|   | 84 State<br>FL  |
|   | 85 Zip Code<br>33312  |

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 *Wayne Pena* (Signature typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 3-3-97

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| 1. NAME<br>X PRESIDENT<br>WAYNE PENA<br>2511 SW 21ST<br>FT LAUDERDALE, FLA 33312 | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME  | <input type="checkbox"/> DELETE | 1.2 NAME  |   |
| 3. NAME  | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |   |
| 4. NAME  | <input type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP                                   |   |
| 5. NAME  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME  | <input type="checkbox"/> DELETE | 2.2 NAME  |   |
| 7. NAME  | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    |   |
| 8. NAME  | <input type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP                                   |   |
| 9. NAME  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME   | <input type="checkbox"/> DELETE | 3.2 NAME  |   |
| 11. NAME   | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS                                    |   |
| 12. NAME   | <input type="checkbox"/> DELETE | 3.4 CITY - ST - ZIP                                   |   |
| 13. NAME   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME   | <input type="checkbox"/> DELETE | 4.2 NAME  |   |
| 15. NAME   | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS                                    |   |
| 16. NAME   | <input type="checkbox"/> DELETE | 4.4 CITY - ST - ZIP                                   |   |
| 17. NAME   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME   | <input type="checkbox"/> DELETE | 5.2 NAME  |   |
| 19. NAME   | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS                                    |   |
| 20. NAME   | <input type="checkbox"/> DELETE | 5.4 CITY - ST - ZIP                                   |   |
| 21. NAME   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME   | <input type="checkbox"/> DELETE | 6.2 NAME  |   |
| 23. NAME   | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS                                    |   |
| 24. NAME   | <input type="checkbox"/> DELETE | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or on an attachment with an address.

SIGNATURE: *Wayne Pena* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-10-97 Daytime Phone #

CR2E034 (9/96)