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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1998 8:00am
Secretary of State

DOCUMENT # P96000027195 (2) WENDIUM OF FLORIDA, INC.						18 1881 1888 1888	1818) BAU 1881	
Principal Place of Business Mailing Address						-{		(BIDI BII) (DE)
6898 SW 40 ST 12125 SW 46TH STREET								
MIAMI FL 33175 MIAMI FL 33175								
. US US						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
2. Principal	Place of Business	2a. Mailing Address				03/27/1996 4. FEI Number		Applied For
21	26					65-0652616		lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22	27					5. Certificate of Status Desired		beriupef
⊢	ty & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip	· · ·	Country Zip Cou			8. This corporation owes or has paid the current year Intangible			
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Registe		∐ No
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DOMINGUEZ, RAUL								
12125 SW 46TH STREET MIAMI FL 33175				82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
MIAMI FE 33173				63		······································		
				84 0''			[aa] =:	0 1
				84 Cit	y		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					ned corpo	ration submits this statement for the purpo-	se of changing	its registered
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								
12.	Signature, typed or printed name of registered age OFFICERS AND		E Registered	Agent sign	alure required	d when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	DELETE	1.1 Th	TI F	-Т	ADDITIONAL CHANGES TO CHITOCHS	Change	
NAME	DOMINGUEZ, RAUL			1.2 NAME				
STREET ADDRESS	A40 4446 A11 4451 A5			1.3 STREET ADDRESS				
CITY-ST-ZIP	AMARINE ANAME			TY-ST-ZIP				
TITLE	D	DELETE					Change	☐ Addition
NAME	DOMINGUEZ, GEORGINA M	DOMINGUEZ, GEORGINA M		ME				. [
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CITY-ST-ZIP	MIAMI FL 33175	MIAMI FL 33175 2.4		TY-ST-ZIP				
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NAME			3.2 NA	ME	ļ			
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NAME			6.2 NA				· · · ·	
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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.

SIGNATURE:

Al Darans

3-8-98

(305)661-2343