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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029225 (5)

WEIN INTERNATIONAL, INC.

Principal Place of Business Malling Address 6580 PONDAPPLE ROAD 6580 PONDAPPLE ROAD **BOCA RATON FL 33433 BOCA RATON FL 33433-1927** 3. Date incorporated or Qualified 3a. Date of Last Report 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Added to Fees 23 Trust Fund Contribution Zip Country Zic Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name WEIN. HUBERT 6580 PONDAPPLE ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip 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. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and lide if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE WEIN, HUBERT 1.2 NAME MAME 6580 PONDAPPLE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHTY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-7IP 4.4 CITY-ST-ZIP ___ Addition __ DELETE Change THRE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

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 occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name