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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000049451**

WEJAGL, INC.

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 426 MAJORCA AVE 426 MAJORCA AVE CORAL GABLES FL 33134-4220 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1996 28. Mailing Address 2, Principal Place of Business 4. FEI Number Applied For 65-0670975 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNAPP, STEPHEN M 5417 \$ FLORIDA AVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33807-6422 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, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition TITLE 11 TITLE BAUR, WERNER A NAME 1.2 NAME **426 MAJORCA AVE** 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZII DELETE Change Addition 21 TITLE TITLE Martina Hahn FOX. GLORIA M 22 NAME NAME 6604 Santona Sm. Coral gables Fl. 33146 10101 SW 112TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33176 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TOPE 3.1 TITLE **CURRY, JACQUELINE** 3.2 NAME NAME 8265 SW 96TH ST 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 51 TITLE Addition THUE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS City - ST - 200 5.4 CITY - ST - ZIP DELETE Charige Addition 6.1 TITLE TITLE NAME 6.2 NAME

63 STREET ADDRESS 6.4 CiTY-ST-7iP 14. 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 3 if changed, or on an attachment with an agreess.

FILED Apr 21 1997 8:00am Secretary of State

