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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Socretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 05 1997 8:00am

Secretary of State

DOCUMENT # P96000061862 (4)

W & T INVESTMENTS CORP.

appears in Block 12 or Block 13 if charm

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Principal Plac	e of Businoss	Mailing Address			.IN NIGHT (NAC
2701 E ATLANTIC BLVD STE 201 2701 E ATLANTIC BLVD STE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-					
· · · ·				3. Date Incorporated or Qualified 3a. Date of L 07/24/1996	asl Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl. #, etc.		26 P.O. BOX 824861		65-0690071	Not Applicable
22		27		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State		City & State			5.00 May Be
23		28 SOUTH FLORIDA, FL.		Trust Fund Contribution Added to Fees	
Zip Country				8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curren	29 33082-4861 3	0 U.S.A.	Florida Statutes Yes No	
MAL		ir negistered Agent	B1 Name		
WALLER, MARILEA				JALLER, MARITZA	
MIAMI FL 33174				et Address (P.O. Box Number is Not Acceptable) 275 NU 159 AVENUE	
			83	3 NO 131 NYCHOC	
			84 City	lor	Zio Codo
			B4 City PE	TMBROKE PINES FL 85 proporation submits this statement for the purpose of change	Zip Code <b>33</b> 028
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	, the above-named or	orporation submits this statement for the purpose of chang	ning its registered
agent. I a	im familiar with and sept the obligi	ations of Section 607.0505, Flori	da Statutes.	ration's board of directors. I hereby accept the appointment	as registered
SIGNATURE	The second second			4/25/9	7
12.	Signature, typod Crinted name of register J age		registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	PD 0	DELETE	1.1 TITLE	☐ Cr	
NAME	TORROBA, JOSE		1.2 NAM?		
STREET ADDRESS	9411 SW 4 STREET #413		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	<b>⊠</b> cr	nange [] Addition
NAME	WALLER, EDWARD		2 2 NAME	A majora meneral di anciona di Angara di	
STREET ADDRESS	9411 SW 4 STREET #413 MIAMI FL 33174		2.3 STREET ADDRESS	1275 NW 159 AVENUE	02/
CITY-ST-ZIP TITLE	STD	DELFTE	2 4 CHY - ST - 7IP 31 TITLE	PEMBRUKE PINES, FL, 33	nange Addition
NAME	WALLER, MARITZA	broad	3.2 NAME	<b></b>	J
STREET ADDRESS	9411 SW 4 STREET #413		3.3 STREET ADDRESS	1275 NW 159 AUGNUE	
CITY-ST-ZIP	MIAMI FL 33174		3 4. CITY - \$1 - ZIP	1275 NW 159 AUGNUE PEMBROKE PINES, FL. 330	28
TITLE	,,,,	☐ DELETE	4.1 TITLE	Cr	nange [ ] Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S1 - ZIP 5.1 TITLE	Cr	nange Addition
NAME		(/////	52 NAME	لي دا	inigo Lal Audittoli
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TALE	cr	nange
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		

6.4.0.11Y-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)(i), Fiorida 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name