

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085316

1. Corporation Name

WALCA INTERNATIONAL CORP.

Principal Place of Business

1111 S.W. 4TH AVENUE
MIAMI FL 33130

Mailing Address

1111 S.W. 4TH AVENUE
MIAMI FL 33130

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90015 003 ***163.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0736740

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1111 S.W. 4 AVENUE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 4

27 Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28

Zip

24 33129

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BOUEA, EDUARDO J
13118 N.W. 7TH STREET
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

BOUEA ACCOUNTANT SVCS CORP.

82 Street Address (P.O. Box Number is Not Acceptable)

13118 NW 7TH STREET

83

84 City

MIAMI

FL

85

Zip Code

33182

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

EDUARDO BOUEA

02-08/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SIRANDONI, RENAN ALBERT W
STREET ADDRESS 280 S.W. 12TH STREET
CITY-ST-ZIP MIAMI FL 33130

☒ DELETE

TITLE TD
NAME WALL, RENAN
STREET ADDRESS 280 S.W. 12TH STREET
CITY-ST-ZIP MIAMI FL 33130

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Sonia Samper

03/01/1999

305-858-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)