

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90064 009 \*\*\*150.00

DOCUMENT # P96000089166

1. Corporation Name  
WESTON ROAD INVESTMENT CORPORATION

Principal Place of Business  
1229 CAMELLIA CIRCLE  
FT LAUDERDALE FL 33326  
US

Mailing Address  
833 SAVANNAH FALLS DR.  
WESTON FL 33327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/28/1996

4. FEI Number  
65-0702482

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1304 SW. Ave.

2a. Mailing Address

Suite, Apt. #, etc.  
22 Suite 441

Suite, Apt. #, etc.

City & State  
23 Sunrise, FL

City & State

Zip Country  
24 33326 25 USA

Zip Country  
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORREA, JOSE N  
833 SAVANNAH FALLS DR.  
WESTON FL 33327

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE P  
NAME MARTINEZ, IGNACIO A  
STREET ADDRESS 1229 CAMELLIA CIRCLE  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1304 SW Ave., Suite 441  
1.4 CITY-ST-ZIP Sunrise, FL 33326

TITLE VP  
NAME BARRIOS, BARBARA  
STREET ADDRESS 1229 CAMELLIA CIRCLE  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1304 SW Ave, Suite 441  
2.4 CITY-ST-ZIP Sunrise, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 (954) 3494771

Date

Daytime Phone #

CR2E034 (11/98)

0308277