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

2a. Mailing Address

City & State

Zip

27

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29

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095488 (8)

WEDZ, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business	Mailing Address			
14200 N.W. 3RD AVE.	14200 N.W. 3RD AVE.			
NORTH MIAMI FL 33168	NORTH MIAM! FL 33168			

Country

DREILINGER, GREGG R ROSENFELD & STEIN, P.A.

18260 N.E. 19TH AVE.

NORTH MIAMI BEACH FL 33162

9. Name and Address of Current Registered Agent

FILED Mar 27 1998 8:00am Secretary of State



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

Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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

83

Country

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Stonature, typed or printed name of registered agent and title if applicable	(NO1F: Re	egistered Agent signature	required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS	(HOTE: H	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Ď	DELETE	1.1 TITLE			Change	Addition		
NAME	DORISCAR, WOOLLY		1.2 NAME						
STREET ADDRESS	14200 NW. 3RD AVE.		1.3 STREET ADDRESS		·				
CITY-ST-ZIP	NORTH MIAMI FL 33168		1.4 CITY - ST - ZIP						
TITLE	0	DELETE	2.1 TITLE			Change	☐ Addition		
NAME	ZIZI, EMMANUEL		2.2 NAME						
STREET ADDRESS	14781 SOUTH RIVER DRIVE		2.3 STREET ADDRESS	;					
CITY - ST - ZIP	MIAMI FL 33168		2. 4 CITY - ST - ZIP						
TITLE	P	DELETE	3.1 TITLE			Change	Addition		
NAME	WOOLLY, DORISCAR		3.2 NAME	ì					
STREET ADDRESS	14200 NW 3RD AVE		3.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP			·	T		
TITLE	Development .	DELETE	4.1 TITLE	DIRECTOR ESTHER DOF 14200 N.W.		Change	Addition		
NAME			4. 2 NAME	ESTHER DOF	215CAR				
STREET ADDRESS			4.3 STREET ADDRESS	14200 N.W.	3 AVE				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NORTH MIAN	11, FL 33	168_	- 100		
TITLE		DELETE	5.1 TITLE	DIRECTOR		☐ Change	Addition		
NAME			5.2 NAME	JUDEWDORI	SCAR _		·		
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CiTY - ST - ZiP	NORTH MIAN	11,74 33	3/68	Address		
TITLE		DELETE	6.1 TITLE	4	·	Change	Addition		
NAME			6.2 NAME						

14. Thereby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP