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PROFIT CORPORATION ANNUAL REPORT

1999



PLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90041 035 ***150.00

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1. Corporation Name

WEDUIN	G HINGS ENTERPHISE CUI	KP.			
Principal Place	e of Business	Mailing Address		1 14011001 (50 10:01 10:11 00:11 00:11 00:11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1520 E. 4TH AV	JE.	1520 E. 4TH AVE.	er 	a contraction	
HIALEAH FL 330		HIALEAH FL 33010			
	.5			DO NOT WRITE IN TH	
	· -		*	3.: Date Incorporated or Qualifed	
				= 03/27/1998	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		65-0825304	Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	Yes XNo
<u> </u>	9. Name and Address of Curren	t Registered Agent	04 31	10. Name and Address of New Registere	ed Agent
иоп	CION WAITED E		, 81 Name		.: 1
	REJON, WALTER F		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
) E. 4TH AVE.		1		
HIAL	EAH FL 33010				
			84 City		. 85 Zip Code
			عس <i>نون</i> ما جرسين	والمنطقة المنافرة والمنطقة وال	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above named cor	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was at	ithonzed by the corporati	tion's board of directors. I hereby accept the ap	Dominient as registered
adent Lai		HOUS OF SECTION GOVEDOUS FION			
agent. I ai		tions of, Section 607.0505, Pion	····		
agent. I a	Signature, typed or printed name of registered agen	<u></u>	Registered Agent signature require	red when reinstating) DATE	
agent. I ai	Signature, typed or printed name of registered agen	<u></u>	***	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
agent. I a	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature require		AND DIRECTORS IN 12 Change Addition
agent. I and SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature require 13.		
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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 receives 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: