## 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 Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90077 041 \*\*\*150.00

DOCUMENT # I	98000030391

1. Corporation Name										
WETFIRE,	TNC.									
WEITERE,	1110.									
Principal Place of Busin	ess	Mailing Address				,				
7835 Grand	Canal Dr.	PO BOX 5273:	<b>5</b> 2							
Miami, FL	33144	~				DO NOT W	RITE IN TH	IIS SPACE		
Mlam1, FL 33152-/352			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified							
•		USA				3/30/1998	•			
2. Principal Place of Bu	siness	2a. Mailing Address				3/30/1990 4. FEI Number		V An	plied For	
21 4		26				1		4	t Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75		
22		27				5. Certifcate of Status Desired		Fee Re		
City & State	<del>-</del>	City & State				6. Election Campaign Financia	ng	\$5.00	May Be	
23		28				Trust Fund Contribution	.a 🗆	Added t	•	
7ip	Country	Zip	Coun	try		-8:-This corporation owes the c	urrent year.	Intangible		_
24	25	29	30		-	Personal Property Tax.		Yes -	XNo	
9. Nan	ne and Address of Current	Registered Agent				10. Name and Address of New	w Register	ed Agent		
				81 Name	220	z Mariano Cil	тт			ĺ
			-  -	82 Street A	Addres	z, Mariano Gil s (P.O. Box Number is Not Acce	ptable)		•	ĺ
			L	<u>  7835</u>	<u> G</u>	rand Canal Dr.				
				83						ĺ
			-	84 City				. 85 Zip C	ode	ĺ
				Mian			F		144	
11. Pursuant to the prov	visions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove-named o	corporation	ation submits this statement for t is board of directors. I hereby ac	he purpose	of changing its	registered pistered	ĺ
agent. I am familiar	with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	es.	Tation	a board of directors. Thereby de	oopi alo api	50	J.010100	ĺ
SIGNATURE										ĺ
	ped or printed name of registered agent a		<del>-</del>	gent signature re	kquìred w		DATE	AND DIDECTO	DC IN 12	1 3
12.	OFFICERS AND	DELETE	13.	F. I		ADDITIONS/CHANGES TO	OFFICERS	Change	X Addition	3
TITLE		☐ pereie	1.1 IIIL		БĎ		0'1		A	
NAME			I Z NAI	1E		monor Mariano				8
STREET ADDRESS				CET ADDDCCC		menez, Mariano		TT		
CITY-ST-ZIP TITLE			1.3 STR	EET ADDRESS	78.	35 Grand Canal		11		ļ
		Delete	1.3 STR	/-ST-ZIP	78. Mi	35 Grand Canal ami, FL 33144			[♥] Addition	
		☐ DELETÉ	1.3 STR 1.4 CIT 2.1 TITL	/-ST-ZIP E	78. Mi. TS	35 Grand Canal ami, FL 33144 D	Dr.	I I.  ☐ Change	X Addition	100
NAME		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	/-ST-ZIP E ME	78. Mi TSI Ji	35 Grand Canal ami, FL 33144 D menez, Mâriano	Dr.		<b>∑</b> Addition	1000
STREET ADORESS		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	7-ST-ZIP E ME EET ADDRESS	78. Mi. TS! Ji: 78.	35 Grand Canal ami, FL 33144 D menez, Mâriano 35 Grand Canal	Dr.		X Addition	1000
STREET ADORESS CITY-ST-ZIP		_	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2. 4 CIT	(-ST-ZIP E ME EET ADDRESS Y-ST-ZIP	78. Mi. TS! Ji: 78.	35 Grand Canal ami, FL 33144 D menez, Mâriano	Dr.	Change		1000
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL	/-ST-ZIP E ME EET ADDRESS Y-ST-ZIP	78. Mi. TS! Ji: 78.	35 Grand Canal ami, FL 33144 D menez, Mâriano 35 Grand Canal	Dr.		X Addition  ☐ Addition	1000
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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 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 op an attackment with an address, with all other like empowered.

**SIGNATURE:** 

MATIANO GIL JIMONE ZIL

(305)264<del>-</del>9900