05-05-1999 90171 026 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000039714

1. Corporation Name

WE A INTERNATIONAL MANAGEMENT INC

W.D.A. II	TENTATIONAL MANAGI											
Principal Place	e of Business	Mailing Addres	Mailing Address				1 }	Bliffikt iim ratas tar		<b>                                    </b>		
1323 S.E. 17TH	STREET	1323 S.E. 17TH	1323 S.E. 17TH STREET									
SUITE 552 SUITE			JITE 552					DO 11	ST MIDITE	141 TI 110	00405	
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						
						3			lualiled			.
		10 10 11	<del>,</del>				04/30/					-tiod For
2. Principal Pl	ace of Business	<b>⊢</b> , •	2a. Mailing Address				Ŀ FEI Nun	nber	$\neg$	<b>3</b>	<del></del>	plied For
21		26					25. (	<i>2</i> 0 \ \	<u> </u>		\$8.75	t Applicable
Suite, Apt.	#, etc.	<b>⊢</b> ¬	Suite, Apt. #, etc.			5	5. Certifcat	e of Status De	sired [		Fee Re	
22 City & State			City & State				Clastian	Campaign Fin			\$5.00	
<del></del>	=	— ·	28			( •		nd Contribution	٠ ١		Added	
<b>23</b> Zip	Country	Zip		Country				poration owes		vear Int		
<b>—</b>	25		29 30			'		il Property Tax		year me	Yes	□No
24	9. Name and Address of Cui					16	10. Name and Address of New Registered Agent					
	3. Ivallie and Address of Odi	Tent registered Agen	•	81	Name							
SELI	BY, MATT											
7300 W. CAMINO REAL, #126				82	Street	Address	(P.O. Box	Number is Not	Acceptable	<del>)</del> )		
	A RATON FL 33433			83								
				84	City					FL	85 Zip	Code
office or a	to the provisions of Sections 607. egistered agent, or both, in the St	ate of Florida. Such cha	inge was auth	orizea by	tne corp	corporati	on submits	this statement rectors. I hereb	for the pu	rnose of	changing its	registered gistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 60	7.0505, Florida	a Statute's								
SIGNATURE				gistered Ager						DATE		
12.	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Ke	13.	it signature	required whe		NS/CHANGES	TO OFFIC		ID DIRECTO	ORS IN 12
TITLE	OFFICERS		DELETE	1.1 TITLE		9	ADDITIO	1000111111020	10 0		Change	Addition
		<u> </u>	DELEVE	1.2 NAME			. \\	3-page			_ '	_
NAME				1.3 STREET	r ADDDCCC	601	ري، کما	3.33 S	ورهو	ミマ		
STREET ADDRESS								88-8X			309	
CITY-ST-ZIP		<u> </u>	DELETE	1.4 CITY-S	1.ZIP	ON		41/201	, , ,		Change	[ ] Addition
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NAME	,											
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NAME -				3.2 NAME		}						l
STREET ADDRESS				3.3 STREE								
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	-	<del></del>		-		Change	Addition	
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NAME				5.2 NAME	DDD===							
STREET ADDRESS				5.3 STREE								
CITY-ST-ZIP				5.4 CITY-S	T- 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 ampowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

9545227248

☐ Addition