## 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

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90008 010 \*\*\*158.75

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Principal Place of Business 8879 Fountainbleau BlvD. #B104 MIAMI, FL. 33172

WR SERVICES. INC

Mailing Address P.O. BOX 145105 COTAL GABLES FL. 33/14

	DO NOT WRITE	IN THIS	SPACE
. Date Incorporat	ed or Qualifed		

650839971

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23	- <del> </del>	28			!-	Trust F	und Contrib	ution	_ <u></u>	Ad	ded to	Fees
Zip	Country	Zip	Country	у			rporation ov		ent year Inta			<b>-</b>
24	25		30				al Property			∐ Yes	<u> </u>	No
	9. Name and Address of Curr			<u> </u>		10. Name	and Addres	s of New F	Registered /	Agent		
(L)A	alkiria C. Lo	DEZ	81	י וי	Name							
883	alkiria C.Lo 79 Fountainblea ami, PL. 3317	WB/VD #BIOY	82	2 5	Street Address	P.O. Box	Number is	Not Accepta	ible)			
Mix	ami, PL. 3317	2	83	3								
	•		84		City				F <u>L</u>		Zip Co	
office or	t to the provisions of Sections 607.09 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by	y the	named corporation's	ition submit board of o	ts this stater directors, I h	nent for the ereby accep	purpose of on the appoin	changin itment a	g its r as reg	egistered stered
SIGNATURE		AND THE RESERVE AND THE PARTY OF THE PARTY O	D. steed Age			an sainatatag)			DATE			
12.	Signature, typed or printed name of registered a	,		om sk	ignature required who		ONS/CHANG	SES TO OF		D DIRF	CTOF	S IN 12
TITLE	DusiDont	DELETE	1.1 TITLE							☐ Cha		Addition
NAME	JOSE R. LAPEZ	<u> </u>	1,2 NAME									
STREET ADDRESS	President Jose R. Lopez 8879 Fountains MIAMI, FL.	lean BlvD. #Bloc	L 1.3 STREE	ET AD	DDRESS						*-	
CITY ST-ZIP	Mrami FL 3	33172	1.4 CITY-5	ST-ZI	ZIP							
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STREET ADDRESS	]		5.4 CITY-									
CITY-ST-ZIP		☐ DELETE	6.1 TITLE							[] Cha	nge	Addition
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREE	ET AD	DORESS							

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 of 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 changing for on an apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

JOSE R. LOPEZ

CR2E034 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

## WR SERVICES, INC.

PO BOX 145105 CORAL GABLES, FL. 33114 PHONE(305)216-6376 PHONE(305)559-5048 PAGER(305)212-4097

Miami Aug. 18.99 1748000044542 Dear Florida Depontment of Revenue

I want to thank you for sending me the annual-Report filing Conforation. As you may noticed now we moved about six (6) months ago and even though we notified the post office about (the) new address, we never received you of letter of the annual report filing report. Please attached you will find the annual report already filled out along with the check for \$ 150,00 dallows and thanks again for allowing not to pay the late fee chorge.