2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State
08-20-2001 90073 026 ***558.75

DOCUMENT # P98000088086

1. Entity Name: WF American Enterprises, Inc.

Principal Place of Business	Mailing Address
7424 SW 82 St. #D-115 Miami, FL 33143	7424 SW 82 ST #D-115 Miami, FL 33143

2. Principal Place of Business	3. Mailing Address
1756 Harbor Pointe Circle	1756 Harbor Pointe Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.,
City & State: Weston FL.	City & State: Weston FL.
Zip: 33327. Country:	Zip: 33327. Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0935532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Melquisedec I. Ramos 8540 SW 133 Ave. Rd. #224 Miami Fl. 33183	Name: Fabio M. Prieto Street Address (P.O. Box Number is Not Acceptable): 1756 Harbor Pointe Circle City: Weston FL Zip Code: 33327.

8. The above named ~~entity submits~~ this statement for the ~~purpose of changing~~ its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] DATE 07-30-01

Signature, typed or printed ~~name of registered agent and~~ title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. / FABIO M. PRIETO / 7424 SW 82 ST. #D-115 / Miami Fl. 33143-0000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD / Adriana P. Poveda / 11713 SW 91 Terr. / Miami FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 07-30-01 954-6600477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)