FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(7)

WEIGED DIG CITY FIGH CORP

Principal Place of 3250 MARY SUITE 208		Mailing Address 3250 MARY ST SUITE 208				
MIAMI FL 331 US	33-5232	MIAMI FL 33133-523 US	2		Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Muiling Address 26			4. FET Number 65-0238264	Applied For Not Applicable
Stirte, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<u></u>		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ziρ	Country 25	Zη∍ [29]	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, si 🔲 No
24	9. Name and Address of Cure				10. Name and Address of New	Registered Agent
	<u></u> ,, <u></u>		81	Name		
	IARK CORPORATE AGENTS	, INC	82	Street Add	lress (P.O. Box Number is Not Accepta	blo)
2601 S., BAYSHORE DRIVE 19TH FLOOR			83			4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
MIAMI F			84	City		85 Zip Code
				1	pration submits this statement for the pu	FL V
SIGNATURE 12. TITLE	Separation step who are official in the OFFICERS	AND DIRECTORS	7401: Francis Av 13.	er signal and sign		DATE FICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
NAME	WEISER, BRADLEY A.		1.2 NAME			
STREET ADDRESS	3250 MARY ST SUITE 20)8		LACORESS		
CITY - ST - ZIP	MIAMI FL	T DELETE	1.4 CITY - 2.1 TITLE			Change Addition
TITLE NAME		Полен	2.2 NAM-			
STHEFT ADDRESS				I ADDRESS		
CITY - ST - ZIP			2.4 CITY			D Chart D Add Co.
TITLE		DELETE	3 1 1111.6			Change Addition
NAME			3 ? NAM(ET ADDRESS		
STREET ADDRESS			3.3 Sint	1		
CHY ST-ZIF		DELETE.	4 1 1-111			Change Addition
NAME			4.2 NAME			
STREET ADOPESS			4.3.51HE	T ADDRESS		
CITY - ST - ZIP			. 4.4 Cilly			□ Change □ Addition
TIFLE		[]] DELETE	5 1 HILE	1		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST ZIP		DELETE	5 4 CITY 6 1 THU			Change Addition
TIBLE			6.2 NAM			•
NAME STREET ADDRESS				ELACIORESS		
CITY CL 70				S1-ZIL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this partial report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under coath; that I am an officer or director of this receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if challenged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR