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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **\$70825**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90144 039 ***150.00

WINGALI	E ENTERPRISES, INC.							
Principal Place	e of Business	Mailing Address		_	T ENDINOUS IN 1881 MAINT INIU EIL		EC 01017 EZEL 01	
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2800 PONCE DE LEON BLVD 2800 PONCE DE LEON BLV SUITE 1125 SUITE 1125						TE 01 THO	00405	
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRI	IE IN THIS	SPACE		
US US		US			3. Date Incorporated or Qualifed			
					07/29/1991			r-1 F
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applicable
21		26			65-0281931		\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired		Fee Red		
22		- City & State			d Flastica Compaign Financian		\$5.00	
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23	Country	28 Zip	Country		8. This corporation owes the curr	ent veer Inte		7, 444
Zip	Country		30		Personal Property Tax.	on your nite		⊡⁄No
24	9. Name and Address of Current		1		10: Name and Address of New F	Registered A		
	2. Idding and Addiess of Calletti	- I Signator on self-out	81	Name				
Breier, Robert G ESQ				<u> </u>	(D.O. D.) No. 5 - 12 No. 5 - 12	nble)		_
	PONCE DE LEON BLVD		82	Street Ad	dress (P.O. Box Number is Not Accepte	able)		
	E 1125		83	 		-		_
	AL GABLES FL 33134							
			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute:	s, the above	e-named co	rporation submits this statement for the	purpose of o	cnanging its :	registerea iistered
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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 changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: