

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V16226

(5)

1. Corporation Name

WELTRADE INTERNATIONAL, INC.



Principal Place of Business

4380 NORTHLAKE BLVD  
STE 209  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

P.O. BOX 30982  
PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

4. FEI Number

11-2698867

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2263 N.W. Boca Raton Blvd

2a. Mailing Address

26 P.O. Box 811114

Suite, Apt. #, etc.

22 Suite 107

Suite, Apt. #, etc.

27

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33431

Country

25 U.S.A.

Zip

29 33481

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L.  
400 AUSTRALIAN AVE. S.  
SUITE 850  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Whalen Tim

82 Street Address (P.O. Box Number is Not Acceptable)

301 Clematis Suite 200

83

84 City

West Palm Beach

FL

85 Zip Code

33401

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WALTHER, EDGAR A.  
STREET ADDRESS 10800 N. MILITARY TRAIL, SUITE 228  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE  
NAME DEL GAUDIO, FRED M.  
STREET ADDRESS 10800 N. MILITARY TRAIL, SUITE 228  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2263 N.W. Boca Raton Blvd. Ste. 107  
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2263 N.W. Boca Raton Blvd. Ste. 107  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

CR2E034 (5/98)