

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V50290** (8)

1. Corporation Name  
**WELLOFF INVESTMENTS COMPANY, INC.**



Principal Place of Business <b>C/O NEW ILAN 899 PONCE DE LEON BLVD., #1130 CORAL GABLES FL 33134 US</b>		Mailing Address <b>C/O NEW ILAN 899 PONCE DE LEON BLVD., #1130 CORAL GABLES FL 33134-3047 US</b>	
2. Principal Place of Business 21 <b>999 PONCE DE LEON BLD</b> Suite, Apt. #, etc. 22 <b>1135</b> City & State 23 <b>CORAL GABLES, FL</b> Zip 24 <b>33134</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>999 PONCE DE LEON BLD</b> Suite, Apt. #, etc. 27 <b>1135</b> City & State 28 <b>CORAL GABLES, FL</b> Zip 29 <b>33134</b> Country 30 <b>US</b>	
3. Date Incorporated or Qualified <b>07/01/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2008143</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MORA, OSWALDO J. 2050 CORAL WAY, S-402 MIAMI FL 33145</b>		10. Name and Address of New Registered Agent 81 Name <b>PALACHI, ASLAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11030 MARIN ST</b> 83 84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33136</b>	
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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 *ASLAN PALACHI* **ASLAN PALACHI, CFO** DATE **4/25/97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASLAN, PALACHI</b>	1.2 NAME	
STREET ADDRESS	<b>11030 MARIN ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 of an attachment with an address.

SIGNATURE: *ASLAN PALACHI* **ASLAN PALACHI** DATE **4/25/97** (305) 446-4417

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

CR2E034 (9/96)