FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M90121** **(8)**

1. Corporation Name

WCDS, INC.

Principal Place of Business	Mailing Address
5775 NW BLUE LAGOON DR SUITE 400 MIAMI FL 33126 US	5775 NW BLUE LAGOON DR SUITE 400 MIAMI FL 33126 US

3. Date Incorporated or Qualified: 07/15/1988
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 5805 Blue Lagoon Drive
Suite, Apt. #, etc.
22 Suite 170
City & State
23 Miami FL 33126
Zip 24 33126 Country 25 US

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2901026 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEMET, BARRY N.
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Michael Bilecq
82 Street Address (P.O. Box Number is Not Acceptable): 5805 Blue Lagoon Drive
83 Suite 170
84 City: Miami FL 85 Zip Code: 33126

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] 7/15/96
Signature, typed or printed name of registered agent (if applicable) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DAVID		1.2 NAME		
STREET ADDRESS	8966 SW 87TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	DP	☐ Change ☐ Addition
NAME	GOBER, MELVIN		2.2 NAME	Gober, Melvin	
STREET ADDRESS	11721 SPINNAKER WAY		2.3 STREET ADDRESS	3072 old still Lane	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Ft. Laud, FL 33331	
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERKOWITZ, HARRY		3.2 NAME		
STREET ADDRESS	2225 NE 204TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	500001910225	
STREET ADDRESS			5.3 STREET ADDRESS	-08/01/96--01015--024	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

8-1-96 JM

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)(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.

SIGNATURE: [signature] Mel Gober 4/26/96 305 265 5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)