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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P92000010999 (0)

WNV SALES, INC. Mailing Address

Principal Place of Business 601 BRICKELL KEY DR 601 BRICKELL KEY DR STE 402 STE 402 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 **MIAMI FL 33131** 3. Date Incorporated or Qualified US 12/08/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0376402 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORIS, JOSE M GOI 501 BRICKELL KEY DR Street Address (P.O. Box Number is Not Acceptable) **STE 402** 83 **MIAMI FL 33131** Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE D. GORIS, JOSE M 1.2 NAME NAME MARIA T.GUTIERREZ 601 BRICKELL KEY DR #402 1.3 STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR.#402 MIAMI FL 33131 CłTY - ST- ZIP 1.4 CITY-ST-ZIP MIAMI,FL. 33131 DELETE Change Addition **VD** 2.1 TITLE TITLE MARTINEZ-CHISTENSEN . CARLOS 2.2 NAME NAME VIVIANA GORIS 601 BRICKELL KEY DR #402 2.3 STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR.#402 MIAMI FL 33131 CITY-ST-ZIP 2. 4 CITY-ST-ZIP MIAMI, FL. 33131 Change DELETE Addition 3.1 TITLE TITLE MARTINEZ-CHRISTENSEN FEDERICO 3.2 NAME NAME MARTINEZ-CHRISTENSEN, CARLOS 601 BRICKELL KEY DRIVE #402 3.3 STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE #402 **MIAMI FL 33131** CITY - ST - ZIP 3.4. CITY - ST - ZIP MIAMI, FL. 33131 Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6. TREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accur-officer or director of the corporation or the receiver or trustee empowered to exp Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ute this report as required by Chapter 607, Florida Statutes; and that my name appears in

tor M. Garis 03/27/98 305-352-3822

**FILED** 

Apr 01 1998 8:00am

Secretary of State