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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P98000026901

GOOD WISH, INC.

incipal Place of Business

Mailing Address

## FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90016 032 \*\*\*550.00



100 S.E. 2ND STREET S.E. 2ND STREET 17TH FLOOR TH FLOOR DO NOT WRITE IN THIS SPACE "" FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualifed 03/19/1998 Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0828102 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes the current year Intangible X No 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FRIEDHOFF, JOHN H Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET 17TH FLOOR 83 **MIAMI FL 33131** 84 City 85 Zip Code 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, 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 13. □ DELETE ☐ Change Addition 1.1 TITLE BAYDE FILHO, SALIM 12 NAME c/o 100 SE 2ND STREET, 17th FLOOR 1.3 STREET ADDRESS

IGNATURE LE. ME REET ADDRESS MIAMI, FL 33131 1.4 CITY-ST-ZIP Y-ST-ZIP ☐ DELETE ☐ Change ☐ Addition LE 21 TITLE BAYDE, CARLA MARIA PINHEIRO ME 22 NAME 100 SE 2ND STREET, 17th FLOOR 23 STREET ADDRESS REET ADDRESS MIAMI, FL 33131 2. 4 CITY-ST-ZIP Y-ST-ZIP □ DELETE Change Addition 3.1 TITLE 3.2 NAME ME REET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 1F 41 TITLE ME. 4 2 NAME REET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TY-ST-ZIP DELETE Change Addition ΊE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS REET ADDRESS 5.4 CITY-ST-ZIP 7Y-ST-21P 6.1 TITLE ☐ Change Addition lΕ ☐ DELETE 62 NAME ME 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP

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 pr 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 chapted, organ an attachment with all other like empowered.

CR2E034 (11/98)

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