## 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

## DOCUMENT # P95000055352

1. Corporation Name

THE WIZ	Z CONCEPTS, INC.		·						
Principal Place	of Business	Mailing Address				- 1984/488 isa tatak alint anut estin asini anis	I BILLET BILBO ILLET I	HILLE HIBI 1884	
3701 SW 122ND CT MIAMI FL 33175 US		3701 SOUTHWEST 122ND COURT MIAMI FL 33175				DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed 07/18/1995			
9 Principal D	lace of Business	2a, Mailing Address	Mailing Address			4. FEI Number	Apı	olied For	
21	acco of Business	26				65-0594323	Not	Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
City & State	<del></del>	City & State			=	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip 29	¬ '			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	d Agent		
MINA CADOIA				81	Name				
VILMA GARCIA 3701 SW 122ND CT				82 Street		ss (P.O. Box Number is Not Acceptable)	,		
MIAMI FL 33175			-	83					
(AIN-A)	1112 33173		\	03					
				84	City		85 Zip C	ode	
office or t	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligations of the obligation of the state of the obligation of the state of	of Florida. Such change was a tions of, Section 607.0505, Flo	uthonzed orida Statu	oy t ites.	ne corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appropriate the purpose of the purpose of the purpose of its board of directors. I hereby accept the appropriate the purpose of the purpose of the purpose of its board of the purpose o	of changing its printment as rec	registered gistered	_
<u> </u>		(NOTE: Registered Agent signature required			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	0	
TITLE				LE		ADDITIONS/OFFARIOLO TO OFFICE NO.	Change	Addition	2
NAME.	GARCIA, AGUSTIN			ME					2
STREET ADDRESS	ATAL COLITERATECT ADOLED COLIDT		1.3 STREET ADDRESS		ADDRESS				Ļ
CITY-ST-ZIP	MIAMI FL 33175			TY-ST	-ZIP		•		١
TITLE	DS DELETE		2.1 111	2.1 YITLE			☐ Change	Addition	
NAME	GARCIA, VILMA V			2.2 NAME					ļ
STREET ADDRESS 3701 SOUTHWEST 122ND COURT			2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI-FL 33175			2.4 CITY-ST-ZIP				Addition	{
TITLE				3.1 TITLE			Cilarige		
NAME				3.2 NAME					l
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition	Ì
TITLE			4,1 IIILE 4,2 NAM					<del>-</del>	
NAME CTREST APPRESS			4.3 STREET ADDRESS		ADDRESS				1
STREET ADDRESS	ALL I / WOI INCO			4.4 CITY-ST-ZIP					1
CITY-ST-ZIP				ILE			Change	☐ Addition	1
NAME		_	5.2 NA			,			
STREET ADDRESS			5.3 ST	REET.	ADDRESS				
CITY OF 710			5.4 CT	TY-ST	-ZiP				}

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE: >

TITLE

NAME

STREET ADDRESS

Addition

Change

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 007 \*\*\*150.00