FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:44

DOCUMENT # 553190 (0)

1. Corporation Name
WISHEN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 N .E. 114 ST. STE 502 511 MIAMI FL 33181	1800 N .E. 114 ST. STE 502 511 MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/06/1977	08/12/1994

2. Principal Place of Business	2a. Mailing Address
21 1800 N.E. 114 ST.	26 1800 N.E. 114 ST.
Suite, Apt. #, etc. 22 511	Suite, Apt. #, etc. 27 511
City & State 23 MIAMI, FLA.	City & State 28 MIAMI, FLA.
Zip / Country 24 33181 / 25 U.S.A.	Zip / Country 29 33181 / 30 U.S.A.

4. FEI Number: 59-1806405 ☐ 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	10. Name and Address of New Registered Agent
WISHEN, MILDRED 1800 N.E. 114 ST. SUITE 502 511 MIAMI FL 33181	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
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	PD	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	WISHEN, MILDRED	12 NAME	MILDRED WISHEN	
STREET ADDRESS	2025 BRICKELL AVE #1703	13 STREET ADDRESS	1800 N.E. 114 ST. #511	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	MIAMI, FL 33181	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BUSCH, ELIZABETH	22 NAME		
STREET ADDRESS	4611 HOLLISTON RD.	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LEVY, NAT	32 NAME		
STREET ADDRESS	431 ARTHUR GODFREY RD	33 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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: Mildred Wishen President 305 893 4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200126 CP