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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F08704

(1)

WOODWITCH, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						f annings fin about itus kanns annin ain i	INGIA DIBAL BAPIL DIBI	I MIRIS BADII IMAI
8780 S.W. 53R Miami Fl 3316			8780 S.W. 53RD ST. MIAMI FL 33165			DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualified 12/11/1980		
2, Principal Pl	ace of Business	2a. Mailing Ac	dress			4. FEI Number		Applied For
21		26				59-2060783		Not Applicable
Suite, Apt.		27				5. Certificate of Status Desired		75 Additional se Required
City & State	•	<u></u> ⊢₁ ′	City & State			6. Election Campaign Financing \$5.00 May Be		
23 Zin	Country	28 7in		ountry		Trust Fund Contribution		ded to Fees
Zip			Ountry	b, this corporation of the part the carrott year mangers		ar Intangible		
24	25 25 Name and Address	29 29 of Current Registered Agen		1		10. Name and Address of New Regi		
GAL	· -		·	81	Name			
GALICA, EDWARD J. 8780 S.W. 53 ST				82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
MIA	MI FL 33176			83				
				84	City		85	Zip Code
		607.0500					FL °°	
office or re	egi stere d agent, or both, in	is 607.0502 and 607.1508, Fit in the State of Floridal Such ch If the obligations of, Section 60	ange was authori	zed by	the corpor	orporation submits this statement for the pure ration's board of directors. I hereby accept	rpose of chang the appointmer	ng its registered
SIGNATURE			avit Design			quired when reinslating)	DATE	
		registered agent and title if applicable	(NOTE: Hegist		int signature rec	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	PD			o. 1 TITLE		ADDITIONS/CHANGES TO OFFICE	☐ Cha	
NAME	GALICA, EDWARD J.	_	1.3	2 NAME				
STREET ADORESS	8706 S.W. 129 TERR	ACE			ADDRESS			
CITY-ST-ZIP	MIAMI FL			4 CITY-S				}
TITLE			1 TITLE			Cha	inge Addition	
NAME			2.3	2 NAME				į
STREET ADDRESS			2.3	3 STREET	ADDRESS		***	
CITY-ST-ZIP				4 CITY - S	ST-ZIP			
TITLE		L	DELETE 3.1	1 TITLE			∐ Cha	inge [_] Addition
NAME				2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4. CITY - S	ST-ZIP		Licha	ngo Addition
TITLE		لسا		1 TITLE			L Cha	inge [_] Addition
NAME OTOGET ADDRESS				2 NAME	ADDRESS]
STREET ADDRESS				3 SIREET 4 CITY - S	1			
CITY-ST-ZIP TITLE				1 TITLE	1-217		Cha	inge Addition
NAME		Lur		2 NAME				
STREET ADORESS					ADDRESS			į
CITY-ST-ZIP				4 CITY-S	1			
TITLE	· ·			1 TITLE	"		Cha	inge Addition
NAME				2 NAME				
STREET ADDRESS			6.3	3 STREET	ADDRESS			
CITY-ST-ZIP			6.4	4 CITY-S	T-ZIP			
de Iboroby o	artifu that the information of	unaliad with this films door a	of qualify for the	- VODO	tion stated	in Section 110 07/3/(i) Elevide Statutes I fo	uther certify the	t the information

I necessive 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.