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2004 FOR PROFIT CORPORA ANNUAL REPORT	ATION	May 04, 2004 8:00 am Secretary of State
DOCUMENT # F93000004571		05-04-2004 90197 034 ***150.00

1. Entity Name WICC HOLDINGS, INC. Principal Place of Business Mailing Address 24068367 7900 ISLÂND BLVD. 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address 4000 ISLAND BOULEVARD 4000 ISLAND BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-P CR2E034 (10/03) PH 2 PHZ City & State City & State 4. FEI Number Applied For AVENTURA 65-0445962 AVENTURA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33160 33160 USA **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATUS ALAN MATUS, ALAN Street Address (P.O. Box Number is Not Acceptable) 7900 ISLAND BLVD NORTH MIAMI BEACH, FL 33160 4000 ISLAND BOULEVARD , PHZ Zip Code 33160 AVENTURA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent ALAH MATUS (PRESIDENT) 04-28 <u>- 04</u> SIGNATURE. adent and title if applicable. Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD PSD TITLE ☐ Delete Change : ☐ Addition TITLE MATUS, ALAN MATUS , ALAM NAME NAME 4000 ISLAND BOULEVARD PHO 7900 ISLAND BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL CITY-ST-ZIP 33160 AVENTURA FL TITLE VAS ☐ Delete TITLE EVPAS Change ☐ Addition LIEB, JAMES M NAME LIEB, JAMES M NAME 4000 ISLAND BLVD, PH2 STREET ADDRESS 7900 ISLAND BLVD. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-7IP AVENTURA , FL 33 160 TITLE AS ☐ Defete TITLE Change ■ Addition AS TORPEY, CARITE NAME NAME TOPPEY . CARITE 4000 ISLAND BLVD , PHZ STREET ADDRESS 7900 ISLAND BOULEVARD STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP AVENTURA, FL 33/60 TITLE ☐ Delete TITLE EVPAS Change **Addition** HIRSCH, MARK NAME NAME 4000 ISLAND BOULEVARD PHZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AVENTURA FL 33160 ☐ Delete TITLE TITLE **1985** Change Change Addition A AMRAHI, AVELET NAME NAME 4000 ISLAND BIND, PHZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL , 33160 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:		/ tu	ALAN MATUS	04-38-04	(305) 937- 7826
SIGNATURE AND TYPED OR PRINTED		D OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #