

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F95000005740 (4)**

1. Corporation Name  
**WYNWOOD ATLANTIC, INC.**



Principal Place of Business: **2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133**  
Mailing Address: **2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133-3772**

3. Date Incorporated or Qualified: **11/27/1995**  
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>51-0370044</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Zip	Zip	29	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country	30	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>DROUIN, JEANNETTE 2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133</b>		81 Name	<b>SONIA MERCADO</b>	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>2937 SW 27th Ave Ste 101</b>	
		83		
		84 City	<b>FL</b>	85 Zip Code <b>33133</b>
		<b>COCONUT GROVE</b>		

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: Sonia Mercado, Manager Sonia Mercado 1.8.97  
Signature typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, RONALD D</b>	1.2 NAME	
STREET ADDRESS	<b>1001 PACIFIC AVE SUITE 200</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TACOMA WA 98402</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, WILLIAM R</b>	2.2 NAME	
STREET ADDRESS	<b>1001 PACIFIC AVE SUITE 200</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TACOMA WA 98402</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRENDahl, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>1001 PACIFIC AVE SUITE 200</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TACOMA WA 98402</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANELINE, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>100 HOWE AVE SO SUITE 210S</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SACRAMENTO CA 95825</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELMS, VICTORIA</b>	5.2 NAME	
STREET ADDRESS	<b>1001 PACIFIC AVE SUITE 200</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TACOMA WA 98402</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Sonia Mercado Sonia Mercado 1.8.97 305-445-1900  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)