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

9. Name and Address of Current Registered Agent DROUIN, JEANNETTE 2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent	
81. Name SONIA MERCADO	82. Street Address (P.O. Box Number is Not Acceptable) 2937 SW 27th Ave Ste 101	83.	84. City COCONUT GROVE
		85. Zip Code 33133	86. State FL

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