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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # G99931 (9)

1. Corporation Name
THE WOLFSON INITIATIVE CORPORATION

Principal Place of Business	Mailing Address
2399 N.E. 2ND AVE. MIAMI FL 33137	2399 N.E. 2ND AVE. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1984

2. Principal Place of Business	2a. Mailing Address
21	26 2318 NE 2nd Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami, Florida
Zip 24 / Country 25	Zip 29 33137 / Country 30 U.S.A.

4. FEI Number: 59-2400965 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEFF, CATHY A. 2399 NE 2ND AVE MIAMI FL 33137	81 Name: DATORRE, ZOILA 82 Street Address (P.O. Box Number is Not Acceptable): 2318 NE 2nd Ct. 83 84 City: Miami FL 85 Zip Code: 33137

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: [signature] Secretary April 22, 1998
Signature, typed or printed name & capacity (Director, Officer or General Partner) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WOLFSON, MITCHELL JR.		1.2 NAME	WOLFSON, MITCHELL JR.	
STREET ADDRESS	5030 NORTH BAY ROAD		1.3 STREET ADDRESS	2318 NE 2nd Ct.	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami, Florida 33137	
TITLE	VPS	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	LEFF, CATHY A.		2.2 NAME	DATORRE, ZOILA	
STREET ADDRESS	1000 VENETIAN WAY,#706		2.3 STREET ADDRESS	2318 NE 2nd CT.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Florida 33137	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LEONARD, COMAN C		3.2 NAME	LEONARD, COMAN	
STREET ADDRESS	2399 NE 2ND AVENUE		3.3 STREET ADDRESS	2318 NE 2nd Ct.	
CITY-ST-ZIP	MIAMI FL 33137		3.4 CITY-ST-ZIP	Miami, Florida 33137	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: [signature] Zoila Datorre 4/22/98