

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G99931**

1. Corporation Name
THE WOLFSON INITIATIVE CORPORATION

Principal Place of Business

2399 N.E. 2ND AVE.
MIAMI FL 33137

Mailing Address

2318 NE 2ND CT
MIAMI FL 33137
US

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90172 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1984

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 **2318 NE 2nd Ct**

Suite, Apt. #, etc.

22 **MIAMI FL**

City & State

23 **33137 Dade**

Zip

Country

24

25

2a. Mailing Address

26 **2318 NE 2nd Ct**

Suite, Apt. #, etc.

27 **MIAMI FL**

City & State

28 **33137 Dade**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DATORRE, ZOILA
2318 NE 2ND CT
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WOLFSON, MITCHELL JR.**
STREET ADDRESS **2318 NE 2ND CT**
CITY-ST-ZIP **MIAMI BEACH FL 33137**

TITLE **D** ☐ DELETE
NAME **DATORRE, ZOILA**
STREET ADDRESS **2318 NE 2ND CT**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **T** ☐ DELETE
NAME **LEONARD, COMAN C**
STREET ADDRESS **2318 NE 2ND CT**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Zoila M. Datorre
Date **4/14/99** Daytime Phone # **305-573 0584**

CR2E034 (1/98)