~~SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.~~
~~AMOUNT DUE ON OR BEFORE [illegible] IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE [illegible]~~

AMENDED

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 DEC 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H25083

1. Corporation Name
WOODS MANAGEMENT CORP. of FLORIDA.

Principal Place of Business	Mailing Address
2740 W 5 AVE HIALEAH. FL 33010	2740 W 5 AVE HIALEAH. FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1984

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2450581 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHENK, HAROLD
WOODS MANAGEMENT CORP of FLORIDA
2740 WEST 5 AVENUE
HIALEAH, FL 33010

10. Name and Address of New Registered Agent

81 Name: JOAQUIN R. DELGADO
82 Street Address (P.O. Box Number is Not Acceptable): WOODS MANAGEMENT
83: 2740 W 5 AVENUE
84 City: HIALEAH. FL 85 Zip Code: 33010

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. JOAQUIN R. DELGADO

SIGNATURE: Joaquin R. Delgado 12/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOLDBERG RICHARD 109 WOOD LANE WOODMERE NY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 50000308821 5--8 -01/05/00--01007--013 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BERNSTEIN, STUART 123 BARRETT ROAD LAWRENCE NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHENK HAROLD 580 W 50 ST MIAMI BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition V DELGADO, JOAQUIN R. 721 NW 92 AVE PEMBROKE PINES. FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CERTILMAN, MORTON 265 DOLPHIN DRIVE WOODMERE NY	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 50000308821 5--8 -01/05/00--01007--014 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition SP

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: Harold Schenk 12/4/99 (305) 887-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #