## 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 # **H35359**

1. Corporation Name

WOW OF MIAMI, INC.

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90060 022 \*\*\*150.00



Principal Place	e of Business .	Mailing Address							
19908 NW 67TH CIRCLE CT MIAMI FL 33015		P.O. BOX 4191 Hialeah Fl 33014							
					DO NO	DO NOT WRITE IN THIS SPACE			
		•			3. Date incorporated or Qu		01/102		
					12/26/1984	amoo			ļ
5 D-1-1-1D	Name of Dissipance	2a, Mailing Address			4. FEI Number		Ar	plied For	l
	tace of Business	— `			59-2520204	*	_ <del>                                    </del>	ot Applicable	l
21	#. etc	26Suite: Apt:#, etc				<u></u>	\$8.75		
	Jr., etc.	27			5. Certifcate of Status Desi	ired 🗌	Fee Re		
City & State		City & State			6. Election Campaign Final	ncina	\$5.00	May Be	İ
23		28			Trust Fund Contribution			to Fees	i
Zip	Country	Zip	Cou	intry	8. This corporation owes the	ne current year Int	angible		
24	25	29	30		Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·	☐Yes	(III)No	ı
	9. Name and Address of Currer		11.		10. Name and Address of	New Registered	Agent		ı
	· · · · · · · · · · · · · · · · · · ·			81 Name					Ι,
	MEDA, MAYRA			82 Street	Address (P.O. Box Number is Not A	rcentable)			ı
1990	08 NW 67TH CIRCLE CT			oz Sireer	Address (F.O. DOX Palmbor is Not A	осершью,			ı
MIA	MI FL 33015			83					ı
				24 07			as Zin	Code	i
				84 City		FL	85 Zip	Code	İ
44 0	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the a	bove-named	corporation submits this statement f	for the purpose of	changing its	registered	i
11. Pursuant	registered agent or both in the State	of Florida. Such change was	authonzed	thy the corno	ration's board of directors. I hereby	accept the appoi	ntment as re	gistered	
office or r	im familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stat	utes.					
office or r	im familiar with, and accept the obliga		orida Stat	utes.		DATE	<del>.</del>		
office or r agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age	ent and title if applicable. (NO	Orida Stat	utes.	equired when reinstating)  ADDITIONS/CHANGES 1	DATE TO OFFICERS AN	ID DIRECTO	DRS IN 12	(86)
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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, with all other like empowered.