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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90153 017 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J07055</b> 1. Corporation Name <b>WILISCH-HUTTOE &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>444 BRICKELL AVE STE 300 MIAMI FL 33131 US</b>		Mailing Address <b>8486 SW 138 TERR P.O. BOX 160101 33116 MIAMI FL 33158 US</b>	
2. Principal Place of Business 21 <b>1500 SAN REMO</b> Suite, Apt. #, etc. 22 <b>SUITE 110</b> City & State 23 <b>CORAL GABLES, FLA</b> Zip Country 24 <b>33146</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>8486 SW 138 TERR</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FLA</b> Zip Country 29 <b>33158</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>WILISCH, THEODORE 8486 SW 138 TERR MIAMI FL 33158</b>		10. Name and Address of New Registered Agent 81 Name <b>JACQUELINE H. WILISCH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8486 SW 138 TERR.</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33158</b>	
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 <i>J. Wilisch</i> DATE <b>4/28/99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PS</b> <input type="checkbox"/> DELETE NAME <b>WILISCH, JACQUELINE H.</b> STREET ADDRESS <b>8486 SW 138 TERR</b> CITY-ST-ZIP <b>MIAMI FL 33158</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)