FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K14122 (1)

1. Corporation Name
WIMBISH REALTY, INC.

Principal Place of Business	Mailing Address
3905 ALTON RD MIAMI BCH FL 33140	3905 ALTON RD MIAMI BCH FL 33140

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

3. Date Incorporated or Qualified: **02/01/1988**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **65-0044186** — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

~~GREGG, KATHY B.~~
~~825 S BAYSHORE DR STE 1841~~
~~MIAMI FL 33131-9956~~

10. **Name and Address of New Registered Agent**
81 Name: Carlos M. Justo
82 Street Address (P.O. Box Number is Not Acceptable): 3905 Alton Rd
83
84 City: Miami Beach — FL — 85 Zip Code: 33140

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: X
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	JUSTO, CARLOS	
STREET ADDRESS	3905 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	☐ DELETE
NAME	GOLDBERG, CAROLYN M.	
STREET ADDRESS	3905 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AS	☒ DELETE
NAME	GREGG, KATHY B.	
STREET ADDRESS	825 S BAYSHORE DR 1841	
CITY-ST-ZIP	MIAMI FL	
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

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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carolyn M Goldberg — 7/3/96 — 305-672-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE