

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K16855

1. Corporation Name

WOODSIDE DEVELOPMENT, INC.

Principal Place of Business
c/o Total Business Solutions
33 SE 7th Street
Suite G
Boca Raton, Fl. 33432

Mailing Address
c/o Ernesto Sanchez P.A.
814 Ponce de Leon Blvd.
Suite 505
Coral Gables, Fl. 33134

3. Date Incorporated or Qualified
03/02/1988

3a. Date of Last Report
03/02/95

4. FEI Number
65-0046393

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 c/o Ernesto Sanchez, P.A.
27 814 Ponce de Leon Blvd.
28 Suite 505
29 Coral Gables, Fl.
30 Zip
31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James E. Israel
Total Business Solutions
33 SE 7th Street
Suite G
Boca Raton, Fl. 33432

81 Name
82 Ernesto Sanchez P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
84 814 Ponce de Leon Blvd.
85 Suite 505
86 City
87 Coral Gables, FL
88 Zip Code
89 33134

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

Ernesto Sanchez, Esq., President
ERNESTO SANCHEZ

(NOTE: Registered Agent signature required when re-stating)

DATE

4.15.96

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Spielberger, Ladislaus	
STREET ADDRESS	153 E. Palmetto Park Rd.	
CITY - ST - ZIP	Boca Raton, Fl. 33432	
TITLE	D/VP/S	<input type="checkbox"/> DELETE
NAME	Keme, George	
STREET ADDRESS	153 E. Palmetto Park Rd.	
CITY - ST - ZIP	Boca Raton, Fl. 33432	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

600001807556

-05/04/96--01004--0001 Change ☐ Addition

***208.75

5-1-96
JR

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LADISLAUS SPIELBERGER

George Keme
George Keme

Date

Daytime Phone

7/24/96

CR2E034 (12/95)