

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90212 021 \*\*\*158.75

DOCUMENT # K27441

1. Corporation Name  
WINWOOD NINE INC.

Principal Place of Business  
750 COLLINS AVENUE  
SUITE 1  
MIAMI BEACH FL 33139  
US

Mailing Address  
750 COLLINS AVENUE  
SUITE 1  
MIAMI BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1988

4. FEI Number

65-0078894

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1023 NW 3rd Ave

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip Country

24 33136 25

2a. Mailing Address

26 1023 NW 3rd Ave

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip Country

29 33136 30

9. Name and Address of Current Registered Agent

ALVAREZ, JOSE  
9445 BIRD ROAD  
SUITE 105  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME YUKEN, SALOMON  
STREET ADDRESS 750 COLLINS AVENUE SUITE 1  
CITY-ST-ZIP MIAMI BEACH FL  
☐ DELETE

TITLE D  
NAME MONTIEL, JOSE R.  
STREET ADDRESS 601 SOUTH SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH FL  
☒ DELETE

TITLE PD  
NAME YUKEN, INGRID  
STREET ADDRESS 1143 99 ST  
CITY-ST-ZIP BAY HARBOR ISL, 33154  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1023 NW 3rd Ave  
1.4 CITY-ST-ZIP MIAMI, FL 33136

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

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: Ingrid Yuken (Ingrid Yuken)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41499(305)3744412

CR2E034 (1/98)