

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K70547**

1. Corporation Name

**WLMC Registered Agents, Inc.**

Principal Place of Business

Mailing Address

**701 Brickell Avenue  
 Suite 2000  
 Miami, Florida 33131**

**701 Brickell Avenue  
 Suite 2000  
 Miami, Florida 33131**

3. Date Incorporated or Qualified

**3/6/89**

3a. Date of Last Report

**8/12/96**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0089263**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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

**Croland, Leslie J.  
 701 Brickell Avenue  
 Suite 2000  
 Miami, Florida 33131**

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	Croland, Leslie J.	
STREET ADDRESS	701 Brickell Avenue, Suite 2000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Lucio, Saturnino E.	
STREET ADDRESS	701 Brickell Avenue, Suite 2000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Mandler, Jeffrey L.	
STREET ADDRESS	701 Brickell Avenue, Suite 2000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DMV	<input type="checkbox"/> DELETE
NAME	Bronstein, Peter E.	
STREET ADDRESS	701 Brickell Avenue, Suite 2000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	Steele, Clifford R.	
STREET ADDRESS	701 Brickell Avenue, Suite 2000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Martinez, Elio	
13 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
14 CITY-ST-ZIP	Miami, Florida 33131	
21 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Stiphany, Gary T.	
23 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
24 CITY-ST-ZIP	Miami, Florida 33131	
31 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Garbett, David S.	
33 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
34 CITY-ST-ZIP	Miami, Florida 33131	
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		

*RW*  
*5-8-97*

**500002182325**  
**-05/19/97--01014--018**  
**\*\*\*165.00**

14. I do 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, changed, or as an attachment with an address.

**SIGNATURE:** *Leslie J. Croland* **Leslie J. Croland** **4/30/97** **(305) 579-0012**

CR2E034 (9/96)