

**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 # **L75085 (5)**

1. Corporation Name  
**WIZTAN, INC.**



Principal Place of Business: **% CARLOS MARTINEZ 501 BRICKELL KEY DR., STE. 50 MIAMI FL 33131 US**  
Mailing Address: **% CARLOS MARTINEZ 501 BRICKELL KEY DR., STE. 106 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **05/23/1990**  
3a. Date of Last Report: **07/17/1995**  
4. FEI Number: **65-0196878**  
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: **21 601 BRICKELL KEY DR**  
Suite, Apt #, etc.: **22 511**  
City & State: **23 MIAMI FL**  
Zip: **24 33131** Country: **25 DADE/USA**

2a. Mailing Address: **26 SAME**  
Suite, Apt #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**MARTINEZ, CARLOS  
501 BRICKELL KEY DR  
SUITE 410  
MIAMI FL 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 \_\_\_\_\_ Date \_\_\_\_\_  
I, \_\_\_\_\_, Secretary of State, hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FEDERICO	1.2 NAME	
STREET ADDRESS	170 OCEAN LINE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS	2.2 NAME	
STREET ADDRESS	121 CRANDON BLVD #251	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was 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 this 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: \_\_\_\_\_ DATE: **2/30/96**  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ (305) 372-5869

CR2E034 (12/95)