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

PROFIT CORPORATION



DOCUMENT # L88219 (5)	
THE WINGS CO. USA NO. 1	
Principal Place of Business Mailing Address	
1000 BRICKELL AVENUE 1000 BRICKELL AVENUE	
SUITE 641         SUITE 641           MIAMI FL 33131         DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
07/20/1990	
<del>──</del> ┪	Applied For
Suite Ant # etc Suite Ant # etc CO 75	Not Applicable Additional
—   5 Certificate of Status Desired   1	Required
	0 May Be
28 Trust Fund Contribution Adde	d to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current year I	1
24 25 29 30 Personal Property Tax due June 30. Yes  9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent	∐ No
MARSHALL, WILLIAM S. 81 Name	
1000 BRICKELL AVENUE  82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 641	
MIAMI FL 33131	
MIAMI FL 33131	Code
MIAMI FL 33131 83 City FL 85 Zig	
MIAMI FL 33131  84 City  FL  85 Zil  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 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 a	
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## City ## Cit	its registered is registered  ORS IN 12  Addition
MIAMI FL 33131    R4	its registered is registered.  ORS IN 12  Addition  Addition
## PSD	its registered is registered.  ORS IN 12  Addition  Addition
### AND PRICE RS AND DIRECTORS  TITLE    PSD   MAMI   FL   MAME   MARSHALL, WILLIAM   S.   Street Address   Mami   FL   Mame   Mami   FL   Mami   Mami   FL   Mame   Mami   FL   Mame   Mami   FL   Mame   Mami   Mami   FL   Mami   Mami   Mami   FL   Mame   Mami   Mami   FL   Mame   Mami   Mami   FL   Mame   Mami	its registered is registered.  ORS IN 12  Addition  Addition
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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 alternative multiple address.

SIGNATURE:

**FILED** 

Mar 27 1998 8:00am