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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90273 020 ***150.00

DOCUMENT # M17583 1. Corporation Name The Wise Woman And The Wise G	irl,Inc.		
Principal Place of Business Mailing Address			
c/o Jose Pichara 4360 S'unset Miami, FL 3:	la CPA		
0362 Sunsat	An Cuita	707	
$n: \Gamma = 2$	- 173	DO NOT WRITE IN THIS SPACE	
Migmi, FL 3:	3//3	3. Date Incorporated or Qualifed	İ
			ed For
2. Principal Place of Business 2a. Mailing Address			pplicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		\$8.75 Add	
22 27 27		5. Certificate of Status Desired Fee Requi	I
City & State City & State		6. Election Campaign Financing S5.00 Ma	ov Be
23 28 28		Trust-Fund-Contribution Added to F	- 1
Zip Country Zip Country		8. This corporation owes the current year Intangible	
24 25 29 3	0	Personal Property Tax.	No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Fose Pichardo Dottie Thompe 13851 E. Palomino Dr.	81 Name	ose Pichardo CPA	ļ
LICARTAO DE LICARDO	82 Street Ad	gress (P.O. Box Number is Not Acceptable) Suite 28	7
13851- E. Valomino Dr.		obo Sanset Dr. Salle do	
Ft. Landerdale, FL 3333	83		1
,		85 Zip Çoç	ie ,
	84 City M	ami FL 337	1.3
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida, Such change was authorized to the state of Florida Such 207.0505, Florida	, the above-named co norized by the corpora	rporation submits this statement for the purpose of changing its requirement as regis	tered
agent. I am familiar that and acceptant obligations of, Section 607,0503, Florid	a Statutes.	,	1
SIGNATURE	CHARDO	4-20-99	
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable (NOTE: R	a Statutes. egistered Agent signature required 13.	4-20-99	
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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 attachment with an address, with all other like empowered.

SIGNATURE: ____

Nottier Thorpe Dottie R. Thorpe