FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 1:48

DOCUMENT # **M35911** **(O)**

1. Corporation Name
NORTHWIND CORPORATION

Principal Place of Business
C/O PENINSULA REGISTERED AGENTS, INC.
~~200 SE 1 ST. PENTHOUSE, REF. 13413-98~~
~~MIAMI FL~~

Mailing Address
C/O PENINSULA REGISTERED AGENTS, INC.
~~200 SE 1 ST. PENTHOUSE, REF. 13413-98~~
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1986
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business
21 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
22 Ste 4800
City & State
23 Miami, FL 33131
24 Zip
25 Country

2a. Mailing Address
26 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
27 Ste 4800
City & State
28 Miami, FL 33131
29 Zip
30 Country

4. FEI Number: NOT APPLICABLE — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PENINSUAL REGISTERED AGENTS, INC.
~~200 SE 1 ST.~~
~~PENTHOUSE, REF. 13413-98~~
MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
83 Ste 4800
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 after consulting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, ROSANNE	1.2 NAME	
STREET ADDRESS	4965 SW J74TH CT	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINONES-MEZA, FERNANDO	2.2 NAME	
STREET ADDRESS	4965 SW 74TH CT	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TOWBIN, RENEE J	3.2 NAME	
STREET ADDRESS	4965 SW 74TH CT	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ-MONTES, WALDO	4.2 NAME	
STREET ADDRESS	4965 SW 74TH CT	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is 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 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.

SIGNATURE: Rosanne Robinson
(SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR) Date Daytime Phone #

0131386 CP