FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M47367** **(1)**

1. Corporation Name

WOHLDEN PARK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
801 NE 167 ST. STE. 310 N. MIAMI BCH. FL 33162 US	801 NE 167 ST. STE. 310 N. MIAMI BCH. FL 33162 US

2. Principal Place of Business	2a. Mailing Address
21 15499 West Dixie Hwy	26 15499 West Dixie Hwy
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: North Miami Beach,Fl	28 City & State: North MiamiBeach, Fl
24 Zip: 33162 25 Country: US	29 Zip: 33162 30 Country: us

3. Date Incorporated or Qualified: 02/26/1987

3a. Date of Last Report: 07/28/1995

4. FEI Number: 59-2576301 ☐ 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

9. Name and Address of Current Registered Agent

KURZMAN, RHODA
801 NE 167 ST.
STE. 310
N. MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

81 Name: Kurzman, Rhoda

82 Street Address (P.O. Box Number is Not Acceptable): 15499 West Dixie Hwy

83

84 City: North Miami Beach, FL 85 Zip Code: 33162

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: Rhoda Kurzman

Signature, typed or printed name of registered agent and, if the agent is an officer or director of a corporation or the trustee of a trust filing this form for another corporation or trust, the name and title of that officer, director or trustee. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, CAROLYN		1.2 NAME		
STREET ADDRESS	8206 FENWAY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, MICHAEL		2.2 NAME		
STREET ADDRESS	8206 FENWAY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date: 6-6-96

Date Received: 06/24/96