

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 # *ISIDORA WILKE INC.* *M51611*
1. Corporation Name
3143 PONCE DE LEON BLVD.
CORAL GABLES FLA. 33134

Principal Place of Business Mailing Address
3143 PONCE DE LEON BLVD
CORAL GABLES FLA. 33134

2. Principal Place of Business 21 <i>3143 PONCE DE LEON BLVD</i>	2a. Mailing Address 26 <i>3143 PONCE DE LEON BLVD</i>	4. FEI Number <i>59-2825142</i>	3a. Date of Last Report <i>2-15-95</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State <i>CORAL GABLES FLA</i>	28 City & State <i>CORAL GABLES FLA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip <i>33134</i>	25 Country <i>DADE</i>	29 Zip <i>33134</i>	30 Country <i>DADE.</i>

9. Name and Address of Current Registered Agent
3143 PONCE DE LEON BLVD
CORAL GABLES FLA. 33134

81 Name <i>ISIDORA P. WILKE - JANICKI</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>3143 PONCE DE LEON BL.</i>
83
84 City <i>CORAL GABLES</i>
85 Zip Code <i>FL 33134</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ISIDORA P. WILKE - JANICKI</i>	1.2 NAME	
STREET ADDRESS	<i>D. P. S.</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<i>1408 S. BAYSHORE DR 809</i>	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<i>MIAMI FLA 33131</i>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<i>RICHARD WILKE - JANICKI</i>	3.2 NAME	
STREET ADDRESS	<i>V.P.</i>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	<i>500001802375</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>-05/01/96--01012--019</i>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<i>***200.00</i>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: _____ DATE: *4/22/96* DAYTIME PHONE: *4485111(305)*

CR2E034 (12/95)