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

APPROVED AND FILED

95 APR 14 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02237 (6)

1. Corporation Name
WILDLANDS N.V.

Principal Place of Business	Mailing Address
3049 N.E. 163RD. ST. N. MIAMI BEACH FL 33160	3049 N.E. 163RD. ST. N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 3115 NE 163rd Street	26 3115 NE 163rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: North Miami Beach, FL	28 City & State: North Miami Beach, FL
24 Zip: 33160 25 Country: USA	29 Zip: 33160 30 Country: USA

4. FEI Number: 59-2464851 ☐ 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

MORGAN, EDWARD
3049 N.E. 163RD. ST
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Nancy C. White
82 Street Address (P.O. Box Number is Not Acceptable): 3049 NE 163rd Street
83
84 City: North Miami Beach FL 85 Zip Code: 33160

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: Nancy C. White 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SREDNI, ISAAC	1.2 NAME	
STREET ADDRESS	3049 NE 163RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROD, CAREN	2.2 NAME	
STREET ADDRESS	3049 NE 163RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	SREDNI, ERVIN	3.2 NAME	
STREET ADDRESS	3049 NE 163RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORT MIAMI BEACH FL	3.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Isaac Sredni 3/24/95 (305) 945-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0172444 CP