

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 # P02237 (6)

1. Corporation Name
WILDLANDS N.V.



Principal Place of Business

Mailing Address

3115 NE 163RD STREET
NORTH MIAMI BEACH FL 33160
US

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NORTH MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified 06/01/1984	3a. Date of Last Report 04/14/1995
4. FEI Number 59-2464851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2100 Park Central Blvd., N. Suite, Apt. #, etc.	25 2100 Park Central Blvd., N. Suite, Apt. #, etc.
22 900 City & State	27 900 City & State
23 Pompano Beach, FL Zip Country	28 Pompano Beach, FL Zip Country
24 33064 25 USA	29 33064 30 USA

9. Name and Address of Current Registered Agent

WHITE, NANCY C.
3049 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SREDNI, ISAAC	1.1 TITLE	
NAME	3049 NE 163RD ST	1.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD BROD, CAREN	2.1 TITLE	
NAME	3049 NE 163RD ST	2.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SREDNI, ERVIN	3.1 TITLE	
NAME	3049 NE 163RD ST	3.2 NAME	Sredni, Erwin
STREET ADDRESS	NORTH MIAMI BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: Erwin Sredni, Vice President 04/29/96 (954)971-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)