

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000010999 (0)
 1. Corporation Name
WNV SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 601 BRICKELL KEY DR STE 402 MIAMI FL 33131 US	Mailing Address 601 BRICKELL KEY DR STE 402 MIAMI FL 33131 US
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3. Date Incorporated or Qualified 12/08/1992	
4. FEI Number 65-0376402	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
GORIS, JOSE M
601 501 BRICKELL KEY DR
STE 402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIS, JOSE M	1.2 NAME	MARIA T. GUTIERREZ
STREET ADDRESS	601 BRICKELL KEY DR #402	1.3 STREET ADDRESS	601 BRICKELL KEY DR. #402
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ-CHISTENSEN, CARLOS	2.2 NAME	VIVIANA GORIS
STREET ADDRESS	601 BRICKELL KEY DR #402	2.3 STREET ADDRESS	601 BRICKELL KEY DR. #402
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ-CHRISTENSEN FEDERICO	3.2 NAME	MARTINEZ-CHRISTENSEN, CARLOS
STREET ADDRESS	601 BRICKELL KEY DRIVE #402	3.3 STREET ADDRESS	601 BRICKELL KEY DRIVE #402
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Jose M. Goris* 03/27/98 305-352-3822

CR2E034 (10/97)