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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000056483 (9)

WILDERNESS COUNTRY, INC.

FILED
Apr 21 1998 8:00am
Secretary of State

Principal Place of	Business	Mailing Address				1 (49)(40) (12 (4)(4) (4)(1) (4)(1) (4)(1) (4)(1)		1881 1848 & 1511 18A1			
141 N.E. 3RD AVE 7TH FLOOR MIAMI FL 33132	ī.	141 N.E. 3RD AV 7TH FLOOR MIAMI FL 33132				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
2. Principal Place of Business 2a. Mailing Address						08/11/1993 4. FEI Number		Applied For			
21		26	├- ─¬ ັ			65-0432932		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	40.75 A 4 84				
City & State		City & State	├			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees					
Zip 24	Country 25	Zip 29	30			8. This corporation owes or has paid the currept year Intangible Personal Properly Tax due June 30. 🛮 Yes 🔲 No					
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
CRUZ, EMILIO 141 NE 3RD AVENUE NE 7TH FLOOR					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
MAMI	FL 33132			83							
				84	City	FL	85	Zip Code			
office or regis	o provisions of Sections 607 tered agent, or both, in the S miliar with, and accept the o	state of Florida. Such chang	ge was authorize	ed by the	named corp he corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of chang pointme	ging its registered int as registered			
SIGNATURE Signs	ature, hypod or printed name of registeru	d agent and title if applicable	(NOTE Register	ed Agent	signature requir	ed when reinstating) DATE					

SIGNATURE								
	Signature, typiod or printed name of registered agent and title if		Registered Agent signature requ					
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	DELETE	1.1 TITLE	□ Cr	ange	Addition		
NAME	CRUZ, EMILIO III-		1.2 NAME					
STREET ADDRESS	141 NE 3RD AVE 7TH PL		1.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP					
TITLE		DELETE	2.1 TITLE	□ Ch	ange	Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE	☐ Ch	ange	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	☐ Ch	ange	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY+ST-ZIP					
THLE		☐ DELETE	5.1 TITLE	☐ Ch	ange	Addition		
NAME			: 5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5 4 CITY-ST-ZIP					
TITLE		DELETE	6 1 TITLE	☐ Ch	ange	Addition		
NAME .			62 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
CITY ST. 7IP			6.4 C(TV_ST_7)P					

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 angular 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 that foreign 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 an attachmon with an address.

SIGNATURE:

m

4/15/68

(305)37/5974

CR2E034 (10/97)