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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # **P93000056776 (6)**

WILDER	INESS TERRITORY, INC.					
Principal Place of Business Mailing Address						BB  01 0  10 B  12  09  1 100  0 B  1 100
141 N.E. 3RD AVE.       141 N.E. 3RD AVE.         7TH FLOOR       7TH FLOOR         MIAMI FL 33132       MIAMI FL 33132-2221						
					<ol> <li>Date Incorporated or Qualified 08/12/1993</li> </ol>	3a. Date of Last Report 04/29/1996
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0582811	Applied For Not Applicable
Suite, Apl.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p 29	Cour 30	itry	This corporation has liability for in Florida Statutes	
<del>1</del>	9. Name and Address of Curre		1501		10. Name and Address of New Re	
CRUZ, EMILIO 141 NE 3RD AVENUE 7TH FLOOR MIAMI FL 33132				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code		
11. Pursuant office or i agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accopt the oblig	02 and 607.1508, Florida Statu c of Florida. Such change was pations of, Section 607.0505, Fl	tes, the ab authorized lorida Statu	ove-named cor by the corpora tes.	poration submits this statement for the pation's board of directors. I heroby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	and red the down by the control of the				~~
12.		VD DIRECTORS	18.	Ageni signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	EDS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 [1]	F	NODITIONO/DIANGES TO GITTE	Change Addition
NAME	EMILIO CRUZ III		1.2 NAN			La risulton
STREET ADDRESS	141 NE 3 AVE 7TH FLOOR			EET ADORESS		
CITY-ST-ZIP	LAIALAI CI			(-ST-ZIP		
TITLE		DELETE 2.11				Change Addition
NAME		2.2 N		AE :		_ ,
STREET ADDRESS	PRESS 233		2.3 STR	EF1 ADDRESS		,
CITY-ST-ZIP			2 # Cn			}
TITLE		DELETE	3 1 1171	F		Change Addition
NAME			3.2 NAM	16		
STREET ADDRESS			33 SIH	EET ADDRESS		
CITY-ST-ZIP		·	34.01	Y - \$1 - 7IP		
TITLE		☐ DELETE	4 1 1171	E		Change Addition

CITY-ST-ZIP Indoes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the adjust report is true and accurate and that my signature shall have the same legal effect as if made under oath, that pluristice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supp information indicated on this arrual report I am an officer or director of the corporation appears in Block 12 or Block 13 if charged ent with an address.

4. 2 NAME

5.1 THLE

5.2 NAME

6.1 111LE

6.2 NAME

DELFTE

🔲 DELETÉ

4.3 STREET ADDRESS

4.4.0(1Y+S1+Z)P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - \$1 - ZIP

Change

Change

Addition

Addition

**FILED** 

May 05 1997 8:00am

Secretary of State