

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994

P93000079904

FILED

95 MAR 26 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079904 (7)

1. Corporation Name

WOODLAND LUMBER YARD CORP., INC.

Mailing Address
1199 WEST 36 STREET
APT. 311
HIALEAH FL 33012

Principal Place of Business
1199 WEST 36 STREET
APT. 311
HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

2. Mailing Address

21

2a. Principal Place of Business

26

4. FEI Number

65-0447254

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign

Financing Trust

Fund Contribution ☐

City & State

23

City & State

28

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN FRANK
3550 BISCAYNE BLVD.
SUITE 401
MIAMI FL 33137

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Frank Freeman

Mar 21, 95

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/S/D

12 NAME

HELVING DIANNE

13 STREET ADDRESS

1199 WEST 36 STREET

14 CITY, ST, ZIP

HIALEAH FL 33012

11 TITLE

P/S/D

12 NAME

MANUEL SANCHEZ

13 STREET ADDRESS

9780 SW 210th St.

14 CITY, ST, ZIP

MIAMI, FL 33189

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 this corporation or the receiver or trustee proposed to succeed this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 1 or Block 14 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Typed Name

0102880