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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016950 (5)

WOODBLIND DEPOT, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
3900 N. MIAMI AVE 3900 N. MIAMI AVE						ļ			
MIAMI FL 33		MIAMI FL 33127							
						DO NOT WRITE IN THIS S	PACE		
						 Date Incorporated or Qualified 03/03/1994 			
2. Principal Pla	ace of Business	2a. Mailing Address	. ,			4. FEI Number	A	oplied For	
21		26				65-0471516	N-	ot Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State	•	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has paid the curr	- ' -		
24	25	29	30					No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
P(Ortal, david a			81	Name			į	
60)10 S.W. 94TH COURT		82 St			Address (P.O. Box Number is Not Acceptable)			
M	IAMI FL 33173								
				83					
				84	City		85 Zip	Code	
				1		<u>FL</u>			
11. Pursuant to	o the provisions of Sections 607.050	2 ennd 607.1508 Florida Stat	utes, the a	above	s-named con	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing i	ts registered	
agent. I an	n familiar with and accept the obliga	rights Section 607.0505, I	Florida Sta	atutes	the corpora S.	more poard or directors. Thereby accept the appli-	,	registered	
SIGNATURE .	Jan 1	119				1/7/	98		
	Signature, typed or printed name of mustered age				nt signature requ	ired when reinstating) DATE			
12.	OFFICERS AND		13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSD	DELETE	- 4	TITLE			Change	Addition	
NAME	PORTAL, DAVID A		1.2 N/						
STREET ADDRESS	6010 S.W. 94TH COURT		1		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173			1.4 CITY - ST - ZIP			0		
TITLE		☐ DELETE	2.1 1				Change	Addition	
NAME			2.21	AAME					
STREET ADDRESS			2.3 5	STREET	ADORESS				
CITY-ST-ZIP			2. 4 CITY -		T-ZIP				
TITLE	DELETE			3.1 TITLE		l	Change	Addition	
NAME			3.21	MAME					
STREET ADDRESS			3.3 9	STREET	ADDRESS			ļ	
CiTY-ST-ZIP				CITY-S	T-ZIP		-		
TITLE		DELETE	4.1 7			ļ	Change	Addition	
NAME				NAME				į	
STREET ADDRESS			4.3 \$	STREET	ADDRESS			1	
CHY-ST-ZIP			4.4 (CITY-S	T- ŽIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition (
NAME			5.21	MAME					
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CITY-SI-ZIP				CITY-S	T-ZIP				
TITLE		☐ DELETE	6.17	TITLE		- 1	Change	☐ Addition	
NAME			6.21	MAN					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
14. I hereby co	ertify that the information supplied wi	th this filing does not qualify	for the ex	empt	tion stated in	Section 119.07(3)(i), Florida Statutes. ! further cer	tify that the	information	

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 on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offenced, of on an attachment with an address.

SIGNATURE.

* TEQUIRED

1/7/98 (305)573-5552

CR2E034 (10/9