FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000028882 (6)**

1. Corporation Name

WELLWOOD ENTERTAINMENT CORPORATION

Principal Place of Business	Mailing Address
2843 S BAYSHORE DR #12A MIAMI FL 33133	2843 S BAYSHORE DR #12A MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address
21 1570 MADEIRA Place	26 1570 MADEIRA AVE
22 Suite, Apt. #, etc. 309	27 Suite, Apt. #, etc. 309
23 City & State CORAL GABLES FL	28 City & State CORAL GABLES
24 Zip 33146 25 Country USA	29 Zip 33146 30 Country USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1994	06/05/1995

4. FEI Number: 65-0485588 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDMAN, LAWRENCE M
2843 S BAYSHORE DR #12A
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: GOLDMAN, LAWRENCE M

82 Street Address (P.O. Box Number is Not Acceptable): 1570 MADEIRA AVE. #309

83

84 City: CORAL GABLES FL 85 Zip Code: 33146

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: Lawrence M. Goldman
Signature, typed or printed name of Registered Agent and Date (Registered Agent signature required where not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOLDMAN, LAWRENCE M	
STREET ADDRESS	2843 S BAYSHORE DR #12A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lawrence M. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96
Date

305-662-2001
Daytime Phone #