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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000028882 (6)

1. Corporation Name

WELLWOOD ENTERTAINMENT CORPORATION

Principal Place of Business

1570 MADRUGA AVENUE
SUITE 209
CORAL GABLES FL 33146
US

Mailing Address

1570 MADRUGA AVENUE
SUITE 309
CORAL GABLES FL 33146-3013
US

3. Date Incorporated or Qualified
04/15/1994

3a. Date of Last Report
07/30/1996

2. Principal Place of Business

21 20889 ST. ANDREWS BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 20889 ST. ANDREWS BLVD
Suite, Apt. #, etc.

22 City & State

23 BOCA RATON
Zip

24 33433

25 USA

27 City & State

28 BOCA RATON
Zip

29 33433

30 USA

4. FEI Number

65-0485588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
1570 MADRUGA AVENUE
SUITE 309
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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, 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 - LAWRENCE M. GOLDMAN 4/26/97

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME GOLDMAN, LAWRENCE M
1.3 STREET ADDRESS 20889 ST. ANDREWS BLVD #5
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

2.1 TITLE
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33.4 CITY-ST-ZIP

SIGNATURE:

Lawrence M. Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 888-275770

Date

Daytime Phone #

0203824

CR2E034 (9/96)