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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortivery

Secretary of State
DIVISION OF CORPORATIONS

## 1997

POCUMENT # **P94000032392 (0)** 

WILSON HEIGHTS DEVELOPMENT, INC.

Principal Place of Business Mailing Address 1657 WEST 39TH PLACE 1855 W. 39TH PLACE HALEAH FL 33012-7014 HIALEAH FL 33012-7014 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0494458 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARC BIRNBAUM, P.A. 81 Name 20801 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 **MIAMI FL 33180** 83 84 City Zip Code 85 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. Sign diventyped or protect none of registered agent and offend applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE DELETE 11 TITLE Change Addition BARTOLONE, ALDO NAMé 1.2 NAME 1655 W. 39TH PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CPTY - ST - ZIP 1.4 CITY-ST-ZIP D ☐ DELETE THILE 2.1 TOLE Change Addition Addition CABRERA, ROGER NAME 2.2 NAME 1655 W. 39TH PLACE STREET ADDRESS 2 3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **GLUCK. MAURICIO** 3.2 NAME 1655 W. 39TH PLACE STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL 33012 City St 7IP 3.4 CITY-ST-ZIP DELETE TILLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP THE DELETE 5 1 TITLE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP DELETE THE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 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