

3-24-97 B.3464 NC-
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000068353 (9)

1. Corporation Name
WIZZ ARTS, INC.

Principal Place of Business

18501 SW 130TH AVE
MIAMI FL 33177

Mailing Address

18501 SW 130TH AVE
MIAMI FL 33177-3041



3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0522326

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

BUBEL, JOHN A
18501 SW 130TH AVE
MIAMI FL 33177

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 further willing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of corporation, if registered, if agent and fee applicants)

(Signature of Registered Agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	D	<input type="checkbox"/> DELETE
NAME	BUBEL, JOHN A	
STREET ADDRESS	18501 SW 130TH AVE	
CITY-STATE-ZIP	MIAMI FL 33177	
12.2	D	<input type="checkbox"/> DELETE
NAME	BUBEL, DORIS	
STREET ADDRESS	18501 SW 130TH AVE	
CITY-STATE-ZIP	MIAMI FL 33177	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-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.

SIGNATURE:

John A. Bubel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0241345

CR2E034 (9/96)