SECOND NO	OTICE: CORPORATION WIL	L BE DISSOLVE	D ON OR AFTER	R AUGUST 7	7, 1996.			
AMOUNT DUE ON PR CORPO ANNUA	I OR BEFORE 87/96: \$225 (IF ROFIT ORATION IL REPORT 996	DISSOLVED, MIN	IMUM AMOUNT DI FLORIDA DEPAI Sandra	UE TO REINS RIMENT OF B Mortham ary of State	TATE: \$375.) STATE			
DOCUM	ENT # P95 0	000081	912 (4))				
1. Corporation N			()	,				
WOM CO	INSTRUCTION, INC.							N 61848 1848 1848 NA 18
Principal Place o	t Business	Mailine	g Address					
MIAMI BEACH F	L 33141		317 71ST ST Miami Beach FL 33141					
						3. Date Incorporated or Qualified 10/23/1995		ile of Last Report
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 65-065 7014	4	Applied For Not Applicable
Suite, Apt #,	etc.	26 Su	ite. Apt. #, etc.				<u>-</u>	\$8.75 Additional
2	· - · · · · · · · · · · · · · · · · · · ·	27	h. P. Chara			5. Certificate of Status Desired	<u> </u>	Fee Required
City & State		28;	ty & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Z _i ç)	Count	ry	8. This corporation has liability for i		
4	25 25 Name and Address of Co	urrent Registere	d Agent	[30]		Flor-da Statutes 10. Name and Address of New Re	Yes [√ gistered /	No
	rkowski, joel s			E	1 Name		×	
317 71ST ST					Street Add	fress (P.O. Box Number is Not Acceptab	le)	
MIAM	II BEACH FL 33141			8	33	Miles of the Street Control of the Street Co		
•								85 Zip Code
							FL	
11. Postuant to li	the provisions of Sections 607 istered agent, or both, in the 5	7.0502 and 607 1 State of Florida IS	508, Florida Statu Such change was	tes, the abor authorized b	ve-named corp by the corporat	poration submits this statement for the pi tion's board of directors. Thereby accept	irpose of the appo	changing its registered introent as registered
	familiar with, and accept the d	obligations of, Se	ction 607.0505, Fi	lorida Statute	os.			
SIGNATURE Sig	goal de lispa d'or protedir des direction			DTc. Begistered A	Agent's gnature requ	ined when remotating).	04.6	
12.		S AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS IN 12 Change Addition
TITLE NAME	u Wiseberg, Morty		L. J DELETE	1.1 THEL 1.2 NAM				Change (Nonten
STREET ADDRESS	317 71ST ST				EET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			I.	-S1-71P			
TITLE			DELETE	2 1 TITL	f		ł	Change Addition
NAME				2.2 NAV	ŀ			
STREET ADDRESS					FLT ADDRESS			
City-S1-ZIP TITLE			DELETE	3 1 TITU	Y · S1 - ZIP		·····-	Change Aodition
NAME			Deterie	3 2 NAM			·	
STREET ADDRESS					FET ADDRESS			
CITY-\$1-ZIP				3 4 CIT	Y-ST ZIP			
TITLE			DELETE	4 1 TITE	F		7	Change Addition
NAME				4 2 NA/				
STREET ADDRESS					EE FADDRESS			
CITY-ST-ZIF			DELETE	4 4 City 5 1 HIL	r - ST - ZIP			Change Addition
TITLE NAME			L.J OLLING	52 NAN			·	
STREET ADDRESS					EET ADORESS			
CITY-ST-ZIF					(-SI-ZIP			
TITLE	/		DELETE	61 TiTL				Change Addition
NAME				6.2 NAN	1E			

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)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental arrival report is frue 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 it e corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

MOLTY WO DEBELG.
SIGNATURE AND TYPED OR PRIVILID NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5 1576 305-865-4311