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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034901 (4)

JOHN WILDER ENTERPRISES, INC.

A	4.5					4 BEIJOB FIIFF DIBID 1914 20101 4481 1881
Principal Place of Business Mailing Address						
8444 SW 103RD AVE MAMM FL 33173		8444 SW 103RD AVE Miami FL 33173-3956				
					3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address	"1		4. FEI Number 65-070377	Applied For Not Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		30		Florida Statutes 🔀 Yes 🗌 No	
	9, Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	gistered Agent
	USTEIN, CHARLES L		81	Name		
	LINCOLN RD SUITE 600		82 Street A		ress (P.O. Box Number is Not Acceptat	ole)
MIA	MI BEACH FL 33139		83			· · · · · · · · · · · · · · · · · · ·
			84	City		85 Zip Code
				1		FL T
agent. 1 a	am familiar with, and accept the oblig				oration submits this statement for the ption's board of directors. Thereby acce	[MII
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE 1.				Change Addition
NAME	CALDERON, FABIO		1,2 NAME			
STREET ADDRESS	8444 SW 103RD AVE MIAMI FL 33173			1 ADDRESS		
CITY-ST-ZIP	MIAMI FL 331/3	DELETE	1,4 CITY -	ST - 71P		Change Addition
TITLE	[_] DELETE		2171116			Cuande (") Vacinani
NAME Street Address			2.2 NAMŁ	T ADDRESS		
City-St-Zip			2 4 CHY	1		
TITLE	DELFTE		3.1 TILLE	31 21		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. City	S1 - ZIP		and a control to the time specific control to the c
TITLE	DELETE		4.1 TATLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			4.4 CHY-	S1 - 7/P		Change Addition
TITLE		☐ DELETE	51 1II(F			□ cuange 1□ Addition
NAME CTOSET ADODESS			5.2 NAME	1 ADDRESS		
STREET ADDRESS				ľ		
CITY-ST-ZIP TITLE		DELETE	54 CITY-	51-717		Change Addition
NAME			62 NAME			
			- C - 14 HHZ	1		

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 Statutos. I further certify that the information indicated on this annual report or suppliemental 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 ii) changed, or on an attachment with an address.

6.3 STREET ADDRESS

FILED

May 07 1997 8:00am

Secretary of State

I LUBUHARU HAR INDAK DANG RAKU ARKI ARKI BAKU BAKU NAKU NIKU NIBUR KAKU RAKU RAKU ARKI ARKI