

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040681

Corporation Name
MOLE & WILDS ASSOCIATES, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90003 041 ***550.00

Principal Place of Business
S.W. 27TH AVENUE
E 306
MIAMI FL 33133

Mailing Address
2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
3. Date Incorporated or Qualified		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
05/13/1996		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
4. FEI Number		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
65-0680745			
Applied For			
Not Applicable			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEINER, MARVIN I 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
D COLE, TODD G 1400 CORAL WAY CORAL GABLES FL		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVS COLE, PAMELA W 1400 CORAL WAY CORAL GABLES FL		1.2 NAME			
P COLE, TODD, G 1400 CORAL WAY CORAL GABLES FL		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

I 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: *[Signature]* 8/31/99 3014542918

CR2E034 (5/99)