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FILED
Apr 16 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 # P96000046767 (5)

1. Corporation Name
WOLFCORP, INC



Principal Place of Business

7902 NW 36TH STREET
SUITE 201
MIAMI FL 33166

Mailing Address

7902 NW 36TH STREET
SUITE 201
MIAMI FL 33166-6659

2. Principal Place of Business

21 9702 NW 41 ST

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 MIAMI FL

Zip

24 33178

Country

25 DADE

2a. Mailing Address

26 9702 NW 41 ST

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 MIAMI FL

Zip

29 33178

Country

30 DADE

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

4. FEI Number

65-0668519

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

GONZALEZ, REINALDO
14348 SW 171ST TERRACE
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GONZALEZ, REINALDO
STREET ADDRESS 14348 SW 171ST TERRACE
CITY-ST-ZIP MIAMI FL 33177

TITLE V ☐ DELETE

NAME D'ALESSANDRIA, CARLOS
STREET ADDRESS 611 NW 82ND AVE., #303
CITY-ST-ZIP MIAMI FL 33126

TITLE T ☒ DELETE

NAME DIAZ, GUSTAVO
STREET ADDRESS 480 NW 79TH AVE., #103
CITY-ST-ZIP MIAMI FL 33166

TITLE S ☒ DELETE

NAME RAMIREZ, CARLOS
STREET ADDRESS 10267 NW 57TH STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, unchanged or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

REINALDO GONZALEZ

3/5/97

CR2E034 (9/96)