

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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

7802 NW 41 ST.  
104  
MIAMI FL 33178  
US

Mailing Address

9702 NW 41 ST  
104  
MIAMI FL 33178  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9709 NW 41 ST

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 MIAMI FL

Zip

24 33178

Country

2a. Mailing Address

26 9709 NW 41 Street

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 MIAMI FL

Zip

29 33178

Country

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/98

305-5995250

Date: Daytime Phone # 0247506

CR2E034 (10/97)