

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

FILED
Apr 24 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 # P96000090228 (3)

1. Corporation Name
WLS, INC.

Principal Place of Business

O/O GREGG S. TRUXTON-ESQ.
2121 PONCE DE LEON BLVD., SUITE 1035
CORAL GABLES FL 33134

Mailing Address

O/O GREGG S. TRUXTON-ESQ.
2121 PONCE DE LEON BLVD., SUITE 1035
CORAL GABLES FL 33134

3. Date Incorporated or Qualified 11/04/1996
3a. Date of Last Report

2. Principal Place of Business

21 9500 South Dadeland Blvd.

Suite, Apt. #, etc.

22 702

City & State

23 Miami, Florida

Zip

24 33156

Country

25 Dade

2a. Mailing Address

26 9500 South Dadeland Blvd.

Suite, Apt. #, etc.

27 702

City & State

28 Miami, Florida

Zip

29 33156

Country

30 Dade

4. FEI Number

65-0717162

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

TRUXTON, GREGG S ESQ.
BOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., SUITE 1035
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Jeremy S. Larkin

82 Street Address (P.O. Box Number is Not Acceptable)

9500 S. Dadeland Blvd., Suite 702

83

84 City

Miami

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0302 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)

4/18/97

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|-------------------------------------|----------------------|---------------------------------|
| P/D | Larkin, Jeremy | 9500 South Dadeland Blvd. Suite 702 | Miami, Florida 33156 | <input type="checkbox"/> |
| V/S/D | Schmidt, Edward L. | 9500 South Dadeland Blvd. Suite 702 | Miami, Florida 33156 | <input type="checkbox"/> |
| V/T/D | Weidenbaum, Robert | 9500 South Dadeland Blvd. Suite 702 | Miami, Florida 33156 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 if changed, or does not attach with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeremy Larkin

Date

4/18/97

(305) 670-2900

Daytime Phone #

CR2E034 (9/96)