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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000097929

1. Corporation Name WODED HAHOM CO

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90026 018 \*\*\*150.00

	WORLD !									
Ì	Principal Place of Business Mailing Address							1610 1511 1001		
1	1450 NW 108TH AVE APT 25.7 APT 25.7					3	المساحات والمتاريخ المراج	مودي حصوب		
	PLANTATION FL 33322 PLANTATION FL 33322				*	DO NOT WRITE IN THIS	S SPACE			
Ì	us us					<ol> <li>Date Incorporated or Qualifed</li> <li>12/04/1996</li> </ol>				
ļ	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	ł	
ľ	21		26			65-0717214		Applicable	l	
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		l	
ļ	22		27		حصوف	Fee Required			æ.	
-	City & State		City & State	$\neg$ '		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
ľ	Zip	Country	Country Zip Cou		у	8. This corporation owes the current year Intangible			l	
	24	25		30		Personal Property Tax.				
ļ		9. Name and Address of Curren	t Registered Agent	81	I Name	10. Name and Address of New Registered	ı Agent		l	
	GARCIA. FELIX C					Jacob Padanelessi			ŀ	
١	10750 SW 24TH ST.				Street Add	ress (P.O. Box Number is Not Acceptable) wi		}	i	
ļ	- MIAMI EL 22168				3	<del>1450 N W 108 A∨</del>	e Apt 2	2 <del>57</del>	l	
	This gar YE works				Plan	ntation Fl 33322			l	
ļ					City	FI				
-	11: Pursuant to the provisions of Sections 607,0502 and 607:1508, Florida Statutes, the all				re-named corp	poration submits this statement for the purpose of on's hoard of directors. I hereby accept the appo	f-changing:its:r pintment as red	registered ==== iistered	-	
	11.3 Pursuant to the provisions of Sections 807.0502 and 507.1503, inforcat statutes the above-lained corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					AVIATION				
1	SIGNATURE					01/03/9				
ŀ	Signature, typed or printed name of reginal of agent and title if applicable.  12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOI	RS IN 12	9	
	TITLE	D OFFICERS AIN	DELETE	1.1 TITLE		ADDITIONO/O.WITCHO TO GITTOCHO.	Change	Addition		
	NAME	RADOSZKOWICZ, JACOB	<del>-</del>	1.2 NAME						
	STREET ADDRESS	1450 NW 108TH AVE APT 257	,	1.3 STREE	ET ADDRESS					
ĺ	CITY-ST-ZIP	PLANTATION FL 33322			ST-ZIP				٥	
	TITLE	PVST	☐ DELETE	2.1 TITLE			☐ Change	Addition	١	
İ	NAME	= - =		2.2 NAME				ļ		
ĺ	STREET ADDRESS	1450 NW 108TH AVE APT 25%	2	2.3 STRE	ET ADDRESS					
	CITY-ST-ZIP	PLANTATION FL 33322		.2.4 CITY	ST-ZIP				<u> -</u>	
Ī	TITLE	☐ DELETE		3.1 TITLE			Change	☐ Addition	l	
ł	NAME	·		3.2 NAME					l	
ļ	STREET ADDRESS			3.3 STREI	ET ADDRESS	-			l	
1	CITY-ST-ZIP			3.4. CITY-			Chann	[ ] Addition	l	
١	TITLE		C DELETE	4.1 TITLE			Change	Addition		
	NAME			4. 2 NAME		<del>-</del>				
ĺ	STREET ADDRESS			1	ET ADDRESS					
1	CITY-ST-ZIP		☐ DELETE	4.4 CITY-			☐ Change	☐ Addition		
ļ	TITLE			5.1 TITLE 5.2 NAME		•				
- 1										

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 trestee 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 an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNA RIS REQUIRED SIGNATURE AND TYPED OR PRIN TED NUMBER SIGNING OFFICER OR DIRECTOR

TACOD DADO

☐ DELETE

Addition

☐ Change