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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046383

1. Corporation Name

WILD PALM ENTERPRISES, INC.

Principal Place of Business
6936 NW TERRACE
Miami Lakes, FL 33014

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/22/97

2. Principal Place of Business
21 6710 main Street
22 Suite, Apt. #, etc. 130
23 City & State: Miami Lakes, FL
24 Zip: 33014 25 Country: USA

2a. Mailing Address
26 6710 Main Street
27 Suite, Apt. #, etc. 130
28 City & State: Miami Lakes
29 Zip: 33014 30 Country: USA

4. FEI Number: 65-0722843 ☐ 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

9. Name and Address of Current Registered Agent

JUAN ALBERTO
6936 NW TERRACE
Miami Lakes, FL
33014

10. Name and Address of New Registered Agent

81 Name: JUAN ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 6710 main Street
83 Suite 130
84 City: Miami Lakes, FL 85 Zip Code: 33014

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: J. R. Alberto 3/27/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D NAME Juan Alberto STREET ADDRESS 6936 NW Terrace CITY-ST-ZIP Miami Lakes, FL 33014	☐ DELETE		1.1 TITLE President/Director 1.2 NAME Juan Alberto 1.3 STREET ADDRESS 6710 main Street, Suite 130 1.4 CITY-ST-ZIP Miami Lakes FL 33014	☒ Change	☐ Addition
TITLE VP/D NAME Ofelia Alberto STREET ADDRESS 6936 NW Terrace CITY-ST-ZIP Miami Lakes, FL 33014	☐ DELETE		2.1 TITLE Vice President/Director 2.2 NAME Ofelia Alberto 2.3 STREET ADDRESS 6710 main Street, Suite 130 2.4 CITY-ST-ZIP Miami Lakes FL 33014	☒ Change	☐ Addition
TITLE T/D NAME Juan Alberto STREET ADDRESS 6936 NW Terrace CITY-ST-ZIP Miami Lakes, FL 33014	☐ DELETE		3.1 TITLE Treasurer/Director 3.2 NAME Juan Alberto 3.3 STREET ADDRESS 6710 main Street, Suite 130 3.4 CITY-ST-ZIP Miami Lakes, FL 33014	☒ Change	☐ Addition
TITLE S/D NAME Ofelia Alberto STREET ADDRESS 6936 NW Terrace CITY-ST-ZIP Miami Lakes, FL 33014	☐ DELETE		4.1 TITLE Secretary/Director 4.2 NAME Ofelia Alberto 4.3 STREET ADDRESS 6710 main Street, Suite 130 4.4 CITY-ST-ZIP Miami Lakes, FL 33014	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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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: J. R. Alberto 3/27/98 (305) 827-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #