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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90141 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000032077

1. Corporation Name

WORDS TO THE WISE, INC.

Principal Place of Business

Mailing Address

901 Ponce De Leon Blvd.
Suite 601
Coral Gables, FL 33134

901 Ponce de Leon Blvd.
Suite 601
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

65-0756774

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

2a. Mailing Address

21 Suite Apt. # etc

26 Suite Apt. # etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michel O. Weisz, Esq.
901 Ponce de Leon Blvd.
Suite 601
Coral Gables, FL 33134

81 Name

82 Street Address (PO Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.15(1) and 607.15(6), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to comply with Chapter 607, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name) (NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME Bochi, Kim
STREET ADDRESS 901 Ponce de Leon Blvd., Suite 601
CITY-ST-ZIP Coral Gables, FL 33134

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated in 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 (change from an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 442-1055
Date
Corporate Phone #

CR2E034 (10/97)