**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700095119

1. Corporation Name

WOLNEC HISA INC

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90148 038 \*\*\*150.00

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Principal Place	e of Business		Mailing Address	-		- "	L INDIANDA IIN INNI INDIA NOATE SOUL DE	### ##################################	MI MAIML GIM	6) 15016 5011 1061	
•			100 N. BISCAYNE BLVD.								
100 N. BISCAYNE BLVD. SUITE #2600		SUITE #2600					· ·				
MIAMI FL 33132		MIAMI FL 33132			DO NOT WRITE IN THIS SPACE						
Ą							3. Date Incorporated or Qualifed 11/05/1997				
-2-₽rincipal Pl	lace of Business		-2ar Mailing Address	- 4		ن جے ت	4: FEI Number			pplied For	_
21			26				65-0792637		_	lot Applicable	ĺ
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	7	•	Additional	
22			27			J. 301110410 VI 414110 DESIRE	<u> </u>	Fee	Required		
City & State	е		City & State				6. Election Campaign Financing	٦		May Be	ĺ
23	_		28				Trust Fund Contribution		Added	to Fees	
Zip	_	Country	Zip	Cou	ıntry		8. This corporation owes the current	-	-	<b>-</b>	ĺ
24	25		29	30			Personal Property Tax.		Yes	□No	
	9. Name an	d Address of Current	Registered Agent			- ::	10. Name and Address of New Regi	istered A	gent		i
	T 04180 1				81	Name					ĺ
Hart, david J 100 N. Biscayne Blvd.		BLVD.			82	Street Addr	ss (P.O. Box Number is Not Acceptable)				
SUIT	E #2600	`			83						
MIAN	AI FL 33132					Oit.	,		les 7ir	Code	1
		•			84	City		FL	85  Zip	Code	
office or re	eaistered agent	, or both, in the State of	Florida. Such change was a	autnonzeo	ועסוכ	tne corporatio	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of clue appoint	hanging i ment as i	s registered egistered	
office or re agent. I as SIGNATURE	egistered agent m familiar with,	, or both, in the State of	Florida. Such change was a ns of, Section 607.0505, Flo	orida Stat	utes.	tne corporatio	on's board of directors, Thereby accept un	pose of cl ne appoint	ment as	s registered registered	
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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 occurrence 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, with all other like empowered.

SIGNATURE: