


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90022 035 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000019733 1. Corporation Name NORTHWOODS PUBLISHING COMPANY			
Principal Place of Business 10100 NW 25TH ST. MIAMI FL 33172		Mailing Address 10100 NW 25TH ST. MIAMI FL 33172	
2. Principal Place of Business 21. 2105 NW 102 Avenue Suite, Apt. #, etc.		2a. Mailing Address 26. 2105 NW 102 Avenue Suite, Apt. #, etc.	
22. City & State 23. Miami FL Zip 24. 33172		27. City & State 28. Miami FL Zip 29. 33172	
25. Miami Dade		30. Miami Dade	
9. Name and Address of Current Registered Agent TANEN, JEFFREY S ONE BISCAYNE TOWER, STE. 3250 TWO S. BISCAYNE BLVD. MIAMI FL 33131		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

65-0827206

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 TANEN, JEFFREY S
 ONE BISCAYNE TOWER, STE. 3250
 TWO S. BISCAYNE BLVD.
 MIAMI FL 33131

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature, typed 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

☐ DELETE

 D
 GELFAND, ARTHUR
 10100 NW 25TH ST.
 MIAMI FL 33172

☐ DELETE

2105 NW 102 Avenue

☐ DELETE

 Bohorques Jose A
 9385 SW 21 Street
 Miami FL

☐ DELETE

2105 NW 102 Avenue

☐ DELETE

2105 NW 102 Avenue

☐ DELETE

2105 NW 102 Avenue

☐ DELETE

2105 NW 102 Avenue

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

305 592-3919

Daytime Phone

CR2E034 (1/1/98)