Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098838

Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WOODSCENT, INC.

Principal Place of Business Mailing Address						(),001),701))) 66))(66)	***		(118) 1811 1881
12471 S.W. 130TH STREET 12471 S.W. 130TH STREET											
SUITE B-7 SUITE B-7											
MIAMI FL 33186 MIAMI FL 33186						DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qua	ifed				
						11/12/1998					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	0	9		Ap	plied For
21 26						4. FEI Number 65-0875-8	7	<u></u>		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desire			\$	8.75 /	Additional
22 27						5. Certificate of Status Desire	şu	ш.		Fee Re	quired
City & State City & State						6. Election Campaign Finance	ing-		- 5	\$5.00	May Be
23	-	28				Trust Fund Contribution	-	u	^	Added to	o Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the	curr	ent year	Intangil	ble	_
24	25	29 3	0			Personal Property Tax.		·		Yes	□No
24	9. Name and Address of Current	<u> </u>	<u> </u>			10. Name and Address of N	ew F	Register	ed Age	nt	
	<u> </u>		81	1	Name						
· HIME	ELY, USVIEL		82	4							
12471 S.W. 130TH STREET					Street Addre	ess (P.O. Box Number is Not Ac	cepta	able)			
SUITE B-7											_
MIAMI FL 33186											
MIMMI FL 33100					City				- 8	5 Zip C	Code
17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the									<u>-L</u> "		
l éoffice or r	egistered agent, or both, in the State on m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	norized by la Statute	y tn es.	ne corporatio	n's board of directors. I hereby a	ıcce	pt the ap	ропшне	nt as re	gistered
Signature, speed of printed family					signature required	when reinstating)				IDECTO	DC IN 12
12.			13.		· · D	ADDITIONS/CHANGES TO				Change	☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE			esident IMELY, USUIE 171 SW 130+h IOMI FL. 33 RECTOR Plon, SANDRA 471, SW 130+h IOMI FL.		•	out o	Change	
NAME	HIMELY, USVIEL		1.2 NAME		H	MELY, USUTE	_+		~ t	_ 	-7
STREET ADDRESS	12471 S.W. 130TH STREET, SU	ITE B-7	1.3 STREE	ET A	ODRESS 12 9	471 SW 13077	5/7	reei	1 "	- 0	-/
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-	ST-	ZIP M	10m 1 FL. 33	1	96			
TITLE		☐ DELETE	2.1 TITLE		DI	RECTOR				Change	Addition
NAME			2.2 NAME	Ξ	Co	olon, SANdrA,		_	-	_	_
STREET ADDRESS			2.3 STREI	ETA	ODRESS 2	471. SW 130+h	3/	· ,	s/e	15-	/
CITY-ST-ZIP			2, 4 CITY-	-ST-	ZIP M	iam Ft.	33	:186	j.		
TITLE		☐ DELETE	3.1 TITLE	:						Change	☐ Addition
NAME	ļ	• • •	3.2 NAME	Ξ	-	-	•				
STREET ADDRESS	\		3.3 STRE		ADDRESS						
	<u> </u>		3.4. CITY-								
CITY-ST-ZIP	 	☐ DELETE	4.1 TITLE	_	- 65				$\neg \neg$	Change	Addition
TITLE		C precie							_	J -	_
NAME			4. 2 NAME		1						
STREET ADDRESS			4.3 STRE		1						
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP						

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 or an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ DELETE

□ DELETE

SIGNATURE: SIGNATURE REQUIRE
SIGNATURE: SIGNATURE AND TOTAL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99 Date

Daytime Phone i

☐ Change

Change

☐ Addition

Addition

D2E034 (41/98)