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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S24635** (2)
1. Corporate Name
WRIGHT VENTURES, INC.



Principal Place of Business

Mailing Address

1 SE 3RD AVE.
STE 2600
MIAMI FL 33131
US

1 SOUTHEAST 3RD AVE.
STE 2600
MIAMI FL 33131-1768
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
01/14/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REISMAN, STEPHEN H
ONE SOUTHEAST THIRD AVE
STE 2600
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 (if 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 of corporation or registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.8 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.9 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.10 TITLE NAME STREET ADDRESS CITY, ST, ZIP	13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen H. Reisman

Stephen H. Reisman, V.P.

3/18/97

3053582600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Photo ID

0174987

CR2E034 (9/96)