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**Feb 18 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 # J46851 (8)
1. Corporation Name
WAM CORPORATION OF AMERICA



Principal Place of Business: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340**
Mailing Address: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340-1544**

3. Date Incorporated or Qualified: **12/09/1986**
3a. Date of Last Report: **04/26/1986**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2780853	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**BERGONZINI, ORLANDO
2337 S.W. ARCHER ROAD
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name: **BERGONZINI, ORLANDO**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **205 CHERRY HILL CIRCLE**
84 City: **LONGWOOD** FL 85 Zip Code: **32779**

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCHSINI, WAINER	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VACCARI, LAURO	
STREET ADDRESS	VIA OLANDO N. 86	
CITY-ST-ZIP	MODENA, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHESINI, ADRIANO	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	MODENA, ITALY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGONZINI, ORLANDO	
STREET ADDRESS	205 CHERRY HILL CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAN E. FAULKNER	
1.3 STREET ADDRESS	VP 3331 BIRCHWOOD TRAIL	
1.4 CITY-ST-ZIP	SNELLVILLE, GA - 30278	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SGARBI, CLAUDIO	
2.3 STREET ADDRESS	VIA FORLANINI, 15	
2.4 CITY-ST-ZIP	CAVEZZO, ITALY	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SALERNO, LUCA	
3.3 STREET ADDRESS	3561-A PLEASANTBROOK VLG. LN.	
3.4 CITY-ST-ZIP	DORAVILLE, GA - 30340	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: ORLANDO BERGONZINI **1/28/97 (722) 496-8429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)