

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:12

DOCUMENT # J57406 (7)

1. Corporation Name
F W B CORPORATION

Principal Place of Business Mailing Address
% GEORGE BEFELER
150 W FLAGLER ST. MUSEUM TOWER. S2701
MIAMI FL 33130 **% GEORGE BEFELER**
150 W FLAGLER ST. MUSEUM TOWER. S2701
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/17/1987** 3a. Date of Last Report **07/11/1994**

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-2789344 | | Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | | 29 Zip | | 30 Country | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BEFELER, GEORGE MUSEUM TOWER STE 2701 150 W FLAGLER ST MIAMI FL 33130 | | | | 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 re-registering) DATE _____

| | | | | | | | |
|----------------------------|--|-------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | | 0 | | 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | WAGER, FRANK | | 12 NAME | | | |
| STREET ADDRESS | | 4747 N BAYSHORE DR | | 13 STREET ADDRESS | | | |
| CITY - ST - ZIP | | COCONUT GROVE FL | | 14 CITY - ST - ZIP | | | |
| TITLE | | D | | 21 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | WAGER, AIDA | | 22 NAME | | PS | |
| STREET ADDRESS | | 1717 NORTH BAYSHORE DR | | 23 STREET ADDRESS | | | |
| CITY - ST - ZIP | | COCONUT GROVE FL | | 24 CITY - ST - ZIP | | | |
| TITLE | | | | 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 32 NAME | | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 34 CITY - ST - ZIP | | | |
| TITLE | | | | 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 44 CITY - ST - ZIP | | | |
| TITLE | | | | 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 54 CITY - ST - ZIP | | | |
| TITLE | | | | 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 64 CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Aida Wager* 4-6-95 (306) 372-5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #