2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000053162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

WAFDAL TRUST, INC.

SIGNATURE:



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90164 014 ***158.75

Principal Place of Business 1133 S UNIVERSITY DR 202 PLANTATION FL 33324 US			Mailing Addres 1133 S UNIVER PLANTATION F US	RSITY DR 202							
2. Principal Place of Business			3. Mailing Address			1 (60)		16111 18181 841	# (11(9) ti (19 4)	((E (:01 IBB)	
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Numbe	er 65-0529247			olied For Applicable	
Zip	Zip Country		Zip Co		ntry	5. Certificate of Status Desired Fee		e Required			
	6. Name and	Address of Current	Registered Agent			7. Name and	Address of New Re	_			
CELIA, ADELITA L C/O MANAGEMENT CORPORAITON				Street Address			FRANCIS. ABDALLAH s (P.O. Box Number is Not Acceptable)				
		VE, SUITE 202			City Same FL Zip Code						İ
	RDALE FL 333				City			FL	,		l
the obligati	ons of registered	agent statement for agent ted name of registered agent	chon	<u></u>	ered office or regist	red when reinstating)	th, in the State of Flor	DATE	10 3	May Be	!
After	May 1, 2003 F	ee will be \$550.00 orida Department o	f State			Tr	ust Fund Contribution	. 🗖	Ådded	to Fees	
10.	·	OFFICERS AND		11		ADDITIONS	/CHANGES TO OFFI		DIRECTORS ☐ Change	Addition	2
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	DPTS KAHOOK, NO 900 N OCEA! HOLLYWOOD	n drive		N/ ST	TLE AME REET ADDRESS TY-ST-ZIP						2E034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAHOOK, MU 900 N OCEAL HOLLYWOOD	n drive		N/	TLE AME Freet Address ITY-ST-ZIP				Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N.	TLE AME Ireet address Ity-St-Zip			· .	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N. S	ITLE AME Treet address ITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N S	ITLE AME TREET ADDRESS ITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N S	ITLE IAME TREET ADDRESS				☐ Change	☐ Addition	
12. I hereby indicated	d on this report or	formation supplied wi supplemental report eceiver or trustee em ment with an ardress	is true and accura nowered to executi	e this report as rec	exemption stated in nature shall have to quired by Chapter	Section 119.07(3 he same legal effi 607, Florida Statu	B)(i), Florida Statutes. ect as if made under of tes; and that my name	I further certicath; that I are appears in	fy that the in an officer Block 10 or	nformation or director r Block 11 if	