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

APPROVED AND FILED
95 APR 10 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73493** **(6)**

1. Corporation Name
B-W-O-A INC.

Principal Place of Business	Mailing Address
~~8291 N. BISCAYNE BLVD.~~ ~~MIAMI FL 33138~~	~~8291 N. BISCAYNE BLVD.~~ ~~MIAMI FL 33138~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 300 NW 82 Ave ✓
Suite, Apt. #, etc.
22 410
City & State
23 Plantation FL
Zip 24 FL 33324 Country 25 Broward

2a. Mailing Address
26 300 NW 82 Ave
Suite, Apt. #, etc.
27 410
City & State
28 Plantation FL
Zip 29 33324 Country 30 Broward

4. FEI Number: 65-0280224 ☐ 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 ✓

~~MURAM, BENTSY~~
~~8291 N. BISCAYNE BLVD.~~
~~MIAMI FL 33138~~

10. Name and Address of New Registered Agent

81 Name: Esther Muram
82 Street Address (P.O. Box Number is Not Acceptable): 300 NW 82 Ave #410
83
84 City: Plantation FL 85 Zip Code: 33324

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: Esther Muram — 3 31 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE		☐ Change ☐ Addition
NAME	~~MURAM, BENTSY~~	12 NAME		
STREET ADDRESS	~~8291 N. BISCAYNE BLVD.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP		
TITLE	DT	21 TITLE	DP	☑ Change ☐ Addition
NAME	MURAM, ESTHER	22 NAME	Esther Muram	
STREET ADDRESS	8291 N. BISCAYNE BLVD.	23 STREET ADDRESS	300 NW 82 Ave #410	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 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: Esther Muram — 3-20-95 — (305) 472-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0144662 CP