

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **213255** (3)

1. Corporation Name
WBN, INC.



Principal Place of Business

**12401 WEST OKEECHOBEE ROAD
HIALEAH GARDENS FL 33016**

Mailing Address

**501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131**

3. Date Incorporated or Qualified 06/25/1958	3a. Date of Last Report 02/22/1995
4. FEI Number 59-0919021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BERGER, GERARD
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 of person authorized to register agent and to file this report

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE
CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
NAME	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE
CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
NAME	6.4 CITY - ST - ZIP		
STREET ADDRESS			
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Gerard Berger **Gerard Berger** 3/14/96 305 358 2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)