

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 FEB 24 PM 3:41

DOCUMENT # **529131** (5)

1. Corporation Name
WALLIS UNIVERSAL, INC.

Principal Place of Business Mailing Address
**101 W MAIN STR
STE 160
LAKELAND FL 33801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1977** 3a. Date of Last Report **02/17/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **59-2227663** 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. The corporation has liability for intangible tax under S. 193(3), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PAPY, MR. CHARLES, III
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name **PHILIPPE MORANSAIS**
82. Street Address (P.O. Box Number is Not Acceptable) **720 EASTON DR**
83. City **LAKELAND** FL 85. Zip Code **33803**

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]* **PHILIPPE MORANSAIS EXEC VP**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORANSAIS, CHARLES
STREET ADDRESS	14613 SW 143 PLACE CIR
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	MORANSAIS, PHILIPPE
STREET ADDRESS	14613 SW 143 PLACE CIR
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	PAPY, CHARLES C III
STREET ADDRESS	201 ALHAMBRA CR #502
CITY, ST, ZIP	CORAL GABLES FL
TITLE	V
NAME	CHEMIER, MONIQUE
STREET ADDRESS	L'ORMAIE PEROUGES
CITY, ST, ZIP	01800 MEXIMIEUX, FR.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	MORANSAIS PHILIPPE
23. STREET ADDRESS	720 EASTON DR
24. CITY, ST, ZIP	LAKELAND FL 33803
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information entered 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **MORANSAIS PHILIPPE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/95 (813) 686 3083