

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 586267 (7)

1. Corporation Name  
WWP LIQUIDATING CORP.

Principal Place of Business  
5802 N.W. 161 STREET  
MIAMI FL 33014

Mailing Address  
5802 N.W. 161 STREET  
MIAMI FL 33014-6129



3. Date Incorporated or Qualified 09/08/1978  
3a. Date of Last Report 05/01/1996

|   |                        |  |                                |
|---|------------------------|--|--------------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 4. FEI Number  | Applied For                    |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 59-1846459   | Not Applicable                 |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23 Zip  | 28 Country             | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24  | 25                     | 29   | 30                             |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent           |                                |

EVANS, SHELDON, ESQ.  
999 BRICKELL AVE.  
MIAMI, FL. K 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | D LOWENSTEIN, HAROLD | 1.1 TITLE   |  |
| NAME                       | 5802 N W 161 ST      | 1.2 NAME  |  |
| STREET ADDRESS             | MIAMI, FL 00000      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DP WALCH, ALLAN R    | 2.1 TITLE   |  |
| NAME                       | 5802 N W 161 ST      | 2.2 NAME  |  |
| STREET ADDRESS             | MIAMI, FL 00000      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing 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: *Harold Lowenstein* 1/31/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)