

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 589699 (8)

1. Corporation Name  
E W A INDUSTRIES, INC.



Principal Place of Business

EWA INDUSTRIES INC  
13491 SW 129 STREET  
MIAMI FL 33186  
US

Mailing Address

EWA INDUSTRIES, INC.  
P.O. BOX 970161  
MIAMI FL 33197  
US

3. Date Incorporated or Qualified  
10/11/1978

3a. Date of Last Report  
06/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARASIEWICZ, GEORGE  
9821 HAITIAN DRIVE  
MIAMI, FL CFL 33189

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

TARASIEWICZ, EWA  
9821 HAITIAN DRIVE  
MIAMI FL

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

V

TARASIEWICZ, GEORGE-JERZY  
9821 HAITIAN DRIVE  
MIAMI FL

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

*EWA TARASIEWICZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

305-833-1013

Daytime Phone #

CR2E034 (12/95)