

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **683230** (7)
1. Corporation Name
WICA EXPORT SERVICES, INC

Principal Place of Business Mailing Address
11443 SW 87 TERRACE MIAMI FL 33173 US **P.O. BOX 831854 MIAMI FL 33283 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1980** 3a. Date of Last Report **04/26/1994**

| | | | |
|--|---------------------------|---|--------------------------------|
| 2. Principal Place of Business 21 13441 S.W. 102 LANE Suite, Apt. #, etc. | 2a. Mailing Address 26 | 4. FEI Number 59-2023133 | Applied For Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 MIAMI, FL. City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 33186 Zip | 29 | 6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent WIRSHING, MARIA E.C. 11443 S W 87TH TERR MIAMI FL 33173 | 10. Name and Address of New Registered Agent 81 Name RONALD ARMANDO WIRSHING 82 Street Address (P.O. Box Number is Not Acceptable) 13441 S.W. 102 LANE 83 84 City MIAMI FL 85 Zip Code 33186 |
|---|---|

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]* DATE **3/24/95**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|------------------------------------|---|--|
| TITLE TS | NAME WIRSHING, MARIA E. | 1.1 TITLE P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 11443 S W 87TH TER | CITY-ST-ZIP MIAMI FL | 1.2 NAME RONALD ARMANDO WIRSHING | |
| | | 1.3 STREET ADDRESS 13441 S.W. 102 LANE | |
| | | 1.4 CITY-ST-ZIP MIAMI, FL 33186 | |
| TITLE P | NAME WIRSHING, RONALD J. | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 11443 S W 87TH TERR | CITY-ST-ZIP MIAMI FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS 13441 S.W. 102 LANE | |
| | | 2.4 CITY-ST-ZIP MIAMI, FL 33186 | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 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 118.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on or attachment with an address.

SIGNATURE: *[Signature]* DATE **3/24/95** (205) 386-8164
Signature and typed or printed name of signing officer or director