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Apr 23 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 # F93000000755 (9)

1. Corporation Name
WCI/AMLA, INC.

Principal Place of Business
75 ROCKEFELLER PLAZA
C/O MARIE WHITE 25TH FLOOR
NEW YORK NY 10019
US

Mailing Address
C/O MARIE WHITE
75 ROCKEFELLER PLAZA, 25TH FLOOR
NEW YORK NY 10019-6808



3. Date Incorporated or Qualified 02/15/1993
3a. Date of Last Report 04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	13-3522302	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAJE, PETER R 75 ROCKEFELLER PLAZA NEW YORK NY 10019	1.1 TITLE	
NAME	HAJE, PETER	1.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	1.4 CITY - ST - ZIP	
TITLE	PD HAJE, PETER	2.1 TITLE	
NAME	HAJE, PETER	2.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	VP HAYS, SPENCER B	3.1 TITLE	
NAME	HAYS, SPENCER B	3.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	3.4 CITY - ST - ZIP	
TITLE	AS WHITE, MARIE	4.1 TITLE	
NAME	WHITE, MARIE	4.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	VPD BRESSLER, RICHARD J	5.1 TITLE	
NAME	BRESSLER, RICHARD J	5.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	S BRUNO, ELI T.	6.1 TITLE	
NAME	BRUNO, ELI T.	6.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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: *Marie White* *Marie White* *4/14/97* *(212) 484-7546*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)