

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

DOCUMENT # H18539

(7)

1. Corporation Name

W. N. R. ENTERPRISES, INC.

APPROVED
AND
FILED

1995 FEB -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001401901

-02/09/95--01067--005

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O NAGUI LABIB GHALI C/O WAHID BOUTROS
2787 E. OAKLAND PARK BLVD., SUITE 415
FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified 08/28/1984 3a. Date of Last Report 03/15/1994

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

4. FEI Number 59-2442279 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GHALI, NAGUI LABIB
C/O WAHID BOUTROS
2787 E. OAKLAND PARK BLVD., SUITE 415
FT. LAUDERDALE FL 33306
10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	1.1 TITLE					
NAME	GHALI, NAGUI LABIB	12 NAME					
STREET ADDRESS	2787 E. OAKLAND PK BLVD	13 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP					
TITLE	D	2.1 TITLE					
NAME	GHALI, WAGDI	22 NAME					
STREET ADDRESS	2787 E. OAKLAND PK BLVD	23 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP					
TITLE	D	3.1 TITLE					
NAME	GHALI, RAGUI LABIB	32 NAME					
STREET ADDRESS	2787 E. OAKLAND PK BLVD	33 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP					
TITLE		4.1 TITLE					
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		5.1 TITLE					
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		6.1 TITLE					
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 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)(b), 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 recorder 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: N. Smal GHALI, NAGUI 24-01-95
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature)