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FILED

Jan 24 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 # H43235

(1)

1. Corporation Name

W. M. ASSOCIATES, INC.

Principal Place of Business

C/O CATLIN, SAXON, TUTTLE AND EVANS, P.A.  
169 EAST FLAGLER STREET, #1700  
MIAMI FL 33131

Mailing Address

2961B DAY AVENUE  
MIAMI FL 33133-7203  
US

3. Date Incorporated or Qualified  
02/12/1985

3a. Date of Last Report  
05/09/1996

4. FEI Number  
59-2749310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under's. 199.032.  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

EVANS, JAMES C ESQ.  
1700 ALFRED I. DUPONT BUILDING  
169 EAST FLAGLER STREET  
MIAMI FL 33131

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIGAUD, GINETTE S	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SICLAIT, JEAN R	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SICLAIT, EDOUARD	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SICLAIT, JOSETTE L	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SINCLAIT, HENRY	
STREET ADDRESS	13500 SW 69TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Siclait Henry
5.3 STREET ADDRESS	13500 SW 69th ave
5.4 CITY - ST - ZIP	MIAMI FL 33156
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)