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Feb 18 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 # J46851

(8)

1. Corporation Name

WAM CORPORATION OF AMERICA

Principal Place of Business

2650 PLEASANTDALE RD., SUITE 15
ATLANTA GA 30340

Mailing Address

2650 PLEASANTDALE RD., SUITE 15
ATLANTA GA 30340-1544

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2780853

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

9. Name and Address of Current Registered Agent

BERGONZINI, ORLANDO
2337 S.W. ARCHER ROAD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

BERGONZINI, ORLANDO

82 Street Address (P.O. Box Number is Not Acceptable)

83

205 CHERRY HILL CIRCLE

84 City

LONGWOOD

FL

85 Zip Code

32779

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 ☐ DELETE

NAME
MARCHSINI, WAINER
STREET ADDRESS
VIA CAVOUR N. 338
CITY - ST - ZIP
CAVEZZO, ITALY

TITLE ☒ DELETE

NAME
VACCARI, LAURO
STREET ADDRESS
VIA OLANDO N. 88
CITY - ST - ZIP
MODENA, ITALY

TITLE ☐ DELETE

NAME
MARCHESINI, ADRIANO
STREET ADDRESS
VIA CAVOUR N. 338
CITY - ST - ZIP
MODENA, ITALY

TITLE ☐ DELETE

NAME
BERGONZINI, ORLANDO
STREET ADDRESS
205 CHERRY HILL CIRCLE
CITY - ST - ZIP
LONGWOOD FL

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

NAME
DAN E. FAULKNER
STREET ADDRESS
3331 BIRCHWOOD TRAIL
CITY - ST - ZIP
SNELLVILLE, GA - 30228

2.1 TITLE ☐ Change ☒ Addition

NAME
SGARBI, CLAUDIO
STREET ADDRESS
VIA FORLANINI, 15
CITY - ST - ZIP
CAVEZZO, ITALY

3.1 TITLE ☐ Change ☒ Addition

NAME
SECRETARY
SALERNO, LUCA
STREET ADDRESS
3561-A PLEASANTBROOK VLG. LN.
CITY - ST - ZIP
DORAVILLE, GA - 30340

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

ORLANDO BERGONZINI

1/28/97 (722) 416-8429

CR2E034 (9/96)