

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:26

DOCUMENT # K34160 (7)

1. Corporation Name

WALL WAY U.S.A., INC.

Principal Place of Business

Mailing Address

**C/O JACOB OVITS
2151 N.W. 2ND AVENUE, SUITE 101
BOCA RATON FL 33431**

**221 A WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33008**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

3. Date Incorporated or Qualified

09/20/1988

3a. Date of Last Report

07/27/1994

4. FEI Number

65-0083029

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. 109.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OVITS, JACOB
2151 N.W. 2ND AVENUE
SUITE 101
BOCA RATON FL 33431**

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 607.0506, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and the filer

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DT
OVITS, JACOB
2151 N.W. 2ND AVE.
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DS
WIEDER, ALEX
2151 N.W. 2ND AVE.
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DVP
WIEDER, ALEX
2151 NW 2ND AVE.
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
DAIAGI, SCOTT
2151 NW 2ND AVE
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(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 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 SIGNED OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/95)