

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

**APPROVED
AND
FILED**

95 APR 27 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56226 (9)

1. Corporation Name
WALLENSTEIN GROUP, INC.

Principal Place of Business Mailing Address
C/O ALAN R. KELSO DE MONTIGNY C/O ALAN R. KELSO DE MONTIGNY
7975 S.W. 86 ST., #228 7975 S.W. 86 ST., #228
MIAMI FL 33143 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/28/1988 3a. Date of Last Report 04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0152127	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29. Zip	Country
24	25	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KELSO DE MONTIGNY, ALAN R. 7975 S.W. 86 ST. #228 MIAMI FL 33143		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 agent 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSO DE MONTIGNY, ALAN	1.2 NAME	Alan Kelso de Montigny
STREET ADDRESS	7975 S.W. 86 ST.	1.3 STREET ADDRESS	7975 SW 86th ST., #228
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33143
TITLE		2.1 TITLE	ASSISTANT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ELISABETH KELZ
STREET ADDRESS		2.3 STREET ADDRESS	JOH-SEB-BACH STR. 16
CITY - ST - ZIP		2.4 CITY - ST - ZIP	64807 DIEBURG, GERMANY
TITLE		3.1 TITLE	ASSISTANT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HENRY KELZ
STREET ADDRESS		3.3 STREET ADDRESS	C.P. 129
CITY - ST - ZIP		3.4 CITY - ST - ZIP	CH 6906 LUGANO, SWITZERLAND
TITLE		4.1 TITLE	ASSIST. DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PROF. JEAN MORABELL
STREET ADDRESS		4.3 STREET ADDRESS	104 RUE DE RICHELIEU
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PARIS, FRANCE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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 in an attachment with an address.

SIGNATURE: A.R. KELSO DE MONTIGNY 4-23-95 205-279-1140
Signature and Typed or Printed Name of Signing Officer or Director Date Expiration Date #