

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K56226** (9)

1. Corporation Name  
**WALLENSTEIN GROUP, INC.**



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/28/1988**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **65-0152127**  
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

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 office or registered agent, or both, on the 25th day 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 am authorized to represent, the corporation under the Florida Statutes.

SIGNATURE

Signature of the Registered Agent or Director of the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KELSO DE MONTIGNY, ALAN</b>	
STREET ADDRESS	<b>7975 S.W. 86 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ELISABETH KELZ,</b>	
STREET ADDRESS	<b>JOH-SEB-BACH STR. 16</b>	
CITY-ST-ZIP	<b>64807 DIEBURG GE</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HENRY KELZ</b>	
STREET ADDRESS	<b>C.P. 129</b>	
CITY-ST-ZIP	<b>CH 6906 LUGANO SW</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PROF. JEAN MORRELL</b>	
STREET ADDRESS	<b>104 RUE DE RICHELIEU</b>	
CITY-ST-ZIP	<b>PARIS FR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information included 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 registered or bonded authorized 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 the attached list with an address.

SIGNATURE: *Alan R. Kelso de Montigny* 4-26-96 3052710386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)