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REINSTATEMENT

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L08655

(7)

1. Corporation Name

M.W. INTERNATIONAL, INC.

Principal Place of Business

2455 E. SUNRISE BLVD. SUITE #11
FT LAUDERDALE FL 33304

Mailing Address

2455 E. SUNRISE BLVD. SUITE #11
FT LAUDERDALE FL 33304

2. Principal Place of Business

21 2455 E. Sunrise Bl.vd

Suite, Apt. #, etc.

Suite 917

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 917

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

BOFSHEVER, HAROLD S.

2455 E. SUNRISE BLVD

SUITE 917

FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

08/15/1994

4. FBI Number

65-0137911

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. 189.032,

Florida Statutes

☐ Yes

☒ No

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

HAROLD S. Bofshever, Registered Agent

11/13/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

KAUF, BERTHOLD

2455 E. SUNRISE BLVD #911

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTS

BOSKAMP, GERT

2455 E. SUNRISE BLVD #911

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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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)(g), 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 BUSINESS OFFICER OR DIRECTOR

Gert T. Boskamp, Vice-President

11/13/96

(59)

473-4476