

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 28 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L13311 (0)**  
1. Corporation Name  
**M.W.S.C., INC.**

Principal Place of Business Mailing Address  
**550 BILTMORE WAY, STE 1110** **550 BILTMORE WAY, STE 1110**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/01/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0208526** 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. 194.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SEMET LICKSTEIN MORGENSTERN & BERGER P.A.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1200**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ 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	<b>D</b>	1. TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, RODOLFO</b>	2. NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	4. CITY - ST - ZIP	
TITLE	<b>DT</b>	21. TITLE	<b>D/T/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERMANSKY, DAVID</b>	22. NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	24. CITY - ST - ZIP	
TITLE	<b>D</b>	31. TITLE	<b>D/S/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORWITZ, ROBERTO</b>	32. NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	34. CITY - ST - ZIP	
TITLE	<b>D</b>	41. TITLE	<b>D/N</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, EDUARDO</b>	42. NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	44. CITY - ST - ZIP	
TITLE	<b>P</b>	51. TITLE	<b>P/V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eckstein, Bernard</b>	52. NAME	<b>Eckstein, Bernard</b>
STREET ADDRESS	<b>550 Biltmore Way # 1110</b>	53. STREET ADDRESS	<b>550 Biltmore Way # 1110</b>
CITY - ST - ZIP	<b>Coral Gables, Fl. 33134</b>	54. CITY - ST - ZIP	<b>Coral Gables, Fl. 33134</b>
TITLE		61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	<b>Carl Palmisciano</b>
STREET ADDRESS		63. STREET ADDRESS	<b>550 Biltmore Way # 1110</b>
CITY - ST - ZIP		64. CITY - ST - ZIP	<b>Coral Gables, Fl. 33134</b>

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)(a), Florida Statutes. I further certify that the information included on this 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 amendment with an addition.

SIGNATURE: *Semet Lickstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bernard Eckstein, President**  
Date: \_\_\_\_\_  
Telephone #: **305-461-2440**