

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
CORAL GABLES FL 33134
US** **550 BILTMORE WAY, STE 1110
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

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

4. FEI Number Applied For
65-0208526 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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 85 Zip Code
FL

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, RODOLFO	2. NAME	
STREET ADDRESS	550 BILTMORE WAY, #1110	3. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4. CITY - ST - ZIP	
TITLE	DT	21. TITLE	D/T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERMANSKY, DAVID	22. NAME	
STREET ADDRESS	550 BILTMORE WAY, #1110	23. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	D/S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, ROBERTO	32. NAME	
STREET ADDRESS	550 BILTMORE WAY, #1110	33. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	D/N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, EDUARDO	42. NAME	
STREET ADDRESS	550 BILTMORE WAY, #1110	43. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	44. CITY - ST - ZIP	
TITLE	P	51. TITLE	P/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eckstein, Bernard	52. NAME	Eckstein, Bernard
STREET ADDRESS	550 Biltmore Way # 1110	53. STREET ADDRESS	550 Biltmore Way # 1110
CITY - ST - ZIP	Coral Gables, Fl. 33134	54. CITY - ST - ZIP	Coral Gables, Fl. 33134
TITLE		61. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	Carl Palmisciano
STREET ADDRESS		63. STREET ADDRESS	550 Biltmore Way # 1110
CITY - ST - ZIP		64. CITY - ST - ZIP	Coral Gables, Fl. 33134

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 Date Telephone #
Bernard Eckstein, President **305-461-2440**