

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **09/01/1989** 3a. Date of Last Report: **04/28/1995**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **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 **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, 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 the corporation. (Initials) Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	STERN, RODOLFO	
STREET ADDRESS	550 BILTMORE WAY, #1110	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	SERVANSKY, DAVID	
STREET ADDRESS	550 BILTMORE WAY, #1110	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	HORWITZ, ROBERTO	
STREET ADDRESS	550 BILTMORE WAY, #1110	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STERN, EDUARDO	
STREET ADDRESS	550 BILTMORE WAY, #1110	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMISCIANO, CARL	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	PV	<input type="checkbox"/> DELETE
NAME	ECKSTEIN, BERNARD	
STREET ADDRESS	550 B. HMORE WAY #1110	
CITY- ST- ZIP	CORAL GABLES FL 33134	

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	100001 798401
24 CITY- ST- ZIP	-04/29/96 --01039--020
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	***200.00
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	120 FOYWAY WOODS BLVD.
54 CITY- ST- ZIP	ORLANDO, FL. 32824
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

4-27-96

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 registered agent 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 from an address not yet on file.

SIGNATURE: _____ DATE: **4-15-96** (305) 461-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)