

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L13311 (0)**

1. Corporation Name  
**M.W.S.C., INC.**



Principal Place of Business <b>650 BILTMORE WAY, STE 1110                  CORAL GABLES FL 33134                  US</b>	Mailing Address <b>550 BILTMORE WAY, STE 1110                  CORAL GABLES FL 33134-5730                  US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1989</b>	3a. Date of Last Report <b>04/27/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0208526</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SEMET LICKSTEIN MORGENSTERN &amp; BERGER P.A.                  201 ALHAMBRA CIRCLE                  SUITE 1200                  CORAL GABLES FL 33134</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, RODOLFO</b>	1.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	DTV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERVIANSKY, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORWITZ, ROBERTO</b>	3.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, EDUARDO</b>	4.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMISCIANO, CARL</b>	5.2 NAME	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	5.4 CITY-ST-ZIP	
TITLE	PV <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKSTEIN, BERNARD</b>	6.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	6.3 STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 checked.

SIGNATURE: \_\_\_\_\_ DATE: **11-24-97**

CR2E034 (9/96)