

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

**APPROVED
AND
FILED**

65 MAY - JUN 1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995 *5-195*

FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

B-10354NC

DOCUMENT # **L20211** (3)

1. Corporation Name
W.G.A.S., INC.

Principal Place of Business: **9350 S DIXIE HWY., PENTHOUSE I MIAMI FL 33156**

Mailing Address: **9350 S DIXIE HWY., PENTHOUSE I MIAMI FL 33156**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **09/28/1989**

3a. Date of Last Report: **05/01/1994**

2. Director Office of Business: **21**

2a. Mailing Address: **26**

3. Suite Apt # etc: **22**

3a. Suite Apt # etc: **27**

4. City & State: **23**

4a. City & State: **28**

5. Zip: **24**

5a. Zip: **29**

6. Country: **30**

4. FEI Number: **65-0157208**

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**

6. This corporation has liability for intangible tax under S. 194.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DATRAN CORPORATE AGENTS, INC.
2601 SO BAYSHORE DR
19 FLOOR
MIAMI FL 33133**

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 607.0603 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	LIEDMAN, Y. STEPHEN
STREET ADDRESS	9350 S DIXIE HWY PH-I
CITY	MIAMI FL
OFFICE	VTD
NAME	MANDELL, JEFFREY
STREET ADDRESS	9350 S DIXIE HWY PH-I
CITY	MIAMI FL
OFFICE	
NAME	
STREET ADDRESS	
CITY	
OFFICE	
NAME	
STREET ADDRESS	
CITY	
OFFICE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.110(1)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, on an affidavit with an officer.

SIGNATURE: *[Signature]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305) 670-9595