

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L88182** (5)

1. Corporation Name
THE WINGS CO. USA



Principal Place of Business Mailing Address
1000 BRICKELL AVE SUITE 641 MIAMI FL 33131

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
07/20/1990

4. FIC Number Applied For Not Applicable
65-0206293

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

9. Name and Address of Current Registered Agent
**MARSHALL, WILLIAM S.
1000 BRICKELL AVENUE
SUITE 641
MIAMI FL 33131**

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 607.0602 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 697.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MARSHALL, WILLIAM S	
STREET ADDRESS	1000 BRICKELL AVE # 641	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOLZAN, RAPHAEL	
STREET ADDRESS	1000 BRICKELL AVE #641	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 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 attachment with an address.

SIGNATURE: *William S. Marshall* - WILLIAM S. MARSHALL 3-2996305379-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)