

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M13155 (0)**
1. Corporation Name
WASKI, INC.



Principal Place of Business: **% NORMAN MOREJON 1811 SW 103RD AVE. MIAMI FL 33165**
Mailing Address: **% NORMAN MOREJON 1811 SW 103RD AVE. MIAMI FL 33165**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **03/26/1985**
3a. Date of Last Report: **07/17/1995**
4. FEI Number: **59-2520519**
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: **MORBJON, NORMAN R 13300 SW 49 STR MIAMI FL 33175**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and (607.1502), 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 Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOREJON, NORMAN R		2. NAME	
STREET ADDRESS: 13300 SW 49 STR		3. STREET ADDRESS	
CITY-STATE-ZIP: MIAMI FL		4. CITY-STATE-ZIP	
TITLE: STD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOREJON, ZORAIDA R.		3. NAME	
STREET ADDRESS: 1811 SW 103RD AVE.		4. STREET ADDRESS	
CITY-STATE-ZIP: MIAMI FL		5. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. NAME	
STREET ADDRESS:		5. STREET ADDRESS	
CITY-STATE-ZIP:		6. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. NAME	
STREET ADDRESS:		6. STREET ADDRESS	
CITY-STATE-ZIP:		7. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME	
STREET ADDRESS:		7. STREET ADDRESS	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		7. NAME	
STREET ADDRESS:		8. STREET ADDRESS	
CITY-STATE-ZIP:		9. CITY-STATE-ZIP	

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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 member, 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 attached sheet with an address.

SIGNATURE: *[Signature]* **NORMAN R MOREJON PRES 4-2-96 661-9570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

4/8/96 JR

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