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 # M47444 (8)

1. Corporation Name

WINCORP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10050 NW 116TH WAY, UNIT 11 MEDLEY FL 33178	10050 NW 116TH WAY, UNIT 11 MEDLEY FL 33178

3. Date Incorporated or Qualified: 02/27/1987
3a. Date of Last Report: 04/17/1995

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

4. FEI Number: 59-2788629 ☐ 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

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name: PAUL A. LEVY
82 Street Address (P.O. Box Number is Not Acceptable): 16160 NW 9 DRIVE
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.1502 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: PAUL A. LEVY   DATE: 5/6/96

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LEVY, ROBERT EARL	
STREET ADDRESS	15 HOPE RD.	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	
TITLE	DVT	☐ DELETE
NAME	HEADLEY, LEON	
STREET ADDRESS	15 HOPE RD.	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	
TITLE	DS	☐ DELETE
NAME	LEVY, PAUL	
STREET ADDRESS	10050 NW 116 WAY S11	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	☐ DELETE
NAME	WILDISH, ANDY	
STREET ADDRESS	15 HOPE RD	
CITY-ST-ZIP	KINGSTON 10 JA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	700001819717	
3.4 CITY-ST-ZIP	-05/14/96--01015--001	
4.1 TITLE	***200.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: PAUL A. LEVY   4/22/96   (305) 887-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #