

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M57021 (1)

1. Corporation Name

NORTH WAY ENTERPRISES, INC.

Principal Place of Business

1428 BRICKELL AVE
STE 105
MIAMI FL 33131
US

Mailing Address

1428 BRICKELL AVE
STE 105
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE, STE 105
MIAMI FL 33131

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 607.0603, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

AS

[] DELETE

NAME

WEISBERG, ALAN JAY

STREET ADDRESS

290 NW 165 STR, #PLZ700

CITY, ST, ZIP

MIAMI FL

TITLE

PD

[] DELETE

NAME

HALPRYN, ERNEST M.

STREET ADDRESS

1428 BRICKELL AVE, STE 105

CITY, ST, ZIP

MIAMI FL

TITLE

VPD

[] DELETE

NAME

DEVECCHI, JOHN

STREET ADDRESS

1428 BRICKELL AVE., #105

CITY, ST, ZIP

MIAMI FL

TITLE

STD

[] DELETE

NAME

LABIANCO, PHILIP

STREET ADDRESS

1428 BRICKELL AVE., #105

CITY, ST, ZIP

MIAMI FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 a registered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST M. HALPRYN PRESIDENT

3. Date Incorporated or Qualified

08/07/1987

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0074659

Applied For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

[] Yes

[] No

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[] Change

[] Addition

2. NAME

1. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

[] Change

[] Addition

2. NAME

2. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

[] Change

[] Addition

3. NAME

3. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

[] Change

[] Addition

4. NAME

4. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

[] Change

[] Addition

5. NAME

5. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

[] Change

[] Addition

6. NAME

6. STREET ADDRESS

64. CITY, ST, ZIP

CR2E034 (12/95)

3/19/96 (305) 949-4955