FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40831** **(0)**

1. Corporation Name

WAKONDA OF AMERICA, INC.

Principal Place of Business	Mailing Address
732 LYNDON LANE LOUISVILLE KY 40222	6301 BISCAYNE BOULEVARD SUITE 106/108 MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/29/1992	07/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26 4045 SHERIDAN AVE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 SUITE 159
City & State 23	City & State 28 MIAMI BEACH
Zip / Country 24 / 25	Zip / Country 29 33140 / 30

4. FEI Number	Applied For / Not Applicable
61-1202068	

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 § 199.032, Florida Statutes ■ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 607.0502 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 _____ (Address, City, State and Zip Code of New Registered Agent) (Typed or Printed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SCHLEH, EDUARDO	12 NAME	
STREET ADDRESS	1060 W. 47TH COURT	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	SCHLEH, ALVARO	22 NAME	
STREET ADDRESS	1060 W. 47TH COURT	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SCHLEH, CELIA MARIA M.	32 NAME	
STREET ADDRESS	1060 W. 47TH COURT	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SCHLEH, ALVARO	42 NAME	
STREET ADDRESS	1060 W. 47TH COURT	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 stated in Section 119.07(3)(i), 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 added by an attachment with an address.

SIGNATURE: Alvaro Schleh ALVARO SCHLEH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1995 (Date) 592-1309 (Daytime Phone #)

0146474 CP