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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000014801 (4)**

1. Corporation Name
WINDWAR CORPORATION

Principal Place of Business	Mailing Address
15054 SW 43RD LANE MIAMI FL 33185	15054 SW 43RD LANE MIAMI FL 33185-4369

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 1245 N.W. 2nd. St. # 202
City & State
23 Miami, Florida
Zip 24 33125 Country 25 DADE

2a. Mailing Address
26 1245 N. W. 2nd. Street
Suite, Apt. #, etc.
27 Apt. # 202
City & State
28 Miami, Florida
Zip 29 33125 Country 30 DADE

4. FEI Number: 65-0377335 ☐ 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
FERNANDEZ, CARLOS L
10250 S.W. 56 ST.
SUITE C-103
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name: Carlos Fernandez, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 9485 Sunset Drive A-204
83
84 City: Miami, FL 85 Zip Code: 33173

11. Pursuant to the provisions of Section(s) 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 _____ 4-9-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSEL, FLORENTINO		1.2 NAME	Rosell, Florentino	
STREET ADDRESS	15054 SW 43RD LANE		1.3 STREET ADDRESS	1245 N.W. 2nd. St. Apt. #202	
CITY-ST-ZIP	MIAMI FL 33185		1.4 CITY-ST-ZIP	Miami, Florida 33125	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	ROSELL, ALEXANDER		2.2 NAME	Rosell, Alexander	
STREET ADDRESS	15054 SW 43RD LANE		2.3 STREET ADDRESS	1245 N.W. 2nd. St. Apt. # 202	
CITY-ST-ZIP	MIAMI FL 33185		2.4 CITY-ST-ZIP	Miami, Florida 33125	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROSELL, ALICIA		3.2 NAME	Rosell, Alicia	
STREET ADDRESS	15054 SW 43RD LANE		3.3 STREET ADDRESS	1245 N.W. 2nd. St. Apt. # 202	
CITY-ST-ZIP	MIAMI FL 33185		3.4 CITY-ST-ZIP	Miami, Florida 33125	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PAID
APR 3 - 1997
CK#628 WINDWAR

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: _____ FLORENTINO ROSELL 4/7/97 305-220-1778

CR2E034 (9/96)