

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000011830 (5)**

1. Corporation Name  
**LWA, INC.**



Principal Place of Business  
**321 SUNSET DR.  
 SUITE 5  
 FT. LAUDERDALE FL 33305**

Mailing Address  
**321 SUNSET DR.  
 SUITE 5  
 FT. LAUDERDALE FL 33305**

3. Date Incorporated or Qualified **02/11/1993**      3a. Date of Last Report **01/19/1995**  
 4. FEI Number **65-0385880**      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

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip      24. Country  
 25. Country  
 26. Mailing Address  
 27. Suite, Apt. #, etc.  
 28. City & State  
 29. Zip      30. Country

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

**GAMBELLO, MICHAEL F  
 321 SUNSET DR.  
 SUITE 5  
 FT. LAUDERDALE FL 33305**

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

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City      85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0609 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature of Registered Agent (Print name of the Agent)      Date of Registered Agent Signature (print when needed)      DATE

**12. OFFICERS AND DIRECTORS**

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>GAMBELLO, MICHAEL F</b>	
12.3 STREET ADDRESS	<b>321 SUNSET DR., SUITE 5</b>	
12.4 CITY-STATE-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>PALACIO, LOUIS</b>	
12.7 STREET ADDRESS	<b>321 SUNSET DR., SUITE 5</b>	
12.8 CITY-STATE-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
12.9 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.10 NAME	<b>LYSTE, DENNIS</b>	
12.11 STREET ADDRESS	<b>321 SUNSET DR., SUITE 5</b>	
12.12 CITY-STATE-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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 119.01(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 attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 2, 1996*      9547630947  
 DATE      DAY/MONTH/YEAR

CR2E034 (12/95)