

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 # P93000013909 (5)

1. Corporation Name

A. W. CORPORATION, INC.



Principal Place of Business

8605 SW 94TH AVE
MIAMI FL 33173

Mailing Address

8605 SW 94TH AVE
MIAMI FL 33173

2. Principal Place of Business

21 9869 SW 88 ST
Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

24 Zip 33173 25 Country Dade

2a. Mailing Address

26 9869 SW 88 ST
Suite, Apt. #, etc.

27 City & State
28 MIAMI FL

29 Zip 33173 30 Country Dade

3. Date Incorporated or Qualified

02/17/1993

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0401464

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

RIOS, ARGELIA
8605 SW 94TH AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name TALAL M AZAIZA

82 Street Address (P.O. Box Number is Not Acceptable)
554 SW 177 CUE.

83 City

84 Pembroke Pines FL 85 Zip Code 33029

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 TALAL AZAIZA

(Signature, typed or printed name of registered agent and true if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-4-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPVS	RIOS, ARGELIA	8605 SW 94TH AVE	MIAMI 33 173	<input checked="" type="checkbox"/>
T	RIOS, ARGELIA	8605 SW 94TH AVE	MIAMI FL 33173	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-28-96 DAYTIME PHONE #

CR2E034 (12/95)