

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000018339 (0)

1. Corporation Name

WAYTEC, INC.

Principal Place of Business

7150 LAGO DRIVE WEST
CORAL GABLES FL 33143
US

Mailing Address

7150 LAGO DRIVE WEST
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

03/09/1995

4. FEI Number

NOT APPLICABLE

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. 190.032,
Florida Statutes

Yes No

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CIPRIANI, MARISE
7150 LAGO DRIVE WEST
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(Note: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE P
NAME CIPRIANI, EMIDIO
STREET ADDRESS RUA MARQUES FERNANDES 185 OP 51
CITY-ST-ZIP SAO PAULO SP BRAZIL

DELETE

TITLE S
NAME RODRIGUES, CARLOS
STREET ADDRESS RUA DAS ORQUIDEAS, 290
CITY-ST-ZIP SAO PAULO SP BRAZIL

DELETE

TITLE T
NAME RODRIGUES, GARCIA
STREET ADDRESS RUA DONA JULIA 163/173
CITY-ST-ZIP SAO PAULO, BRAZIL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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)(b), 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 the receiver or trustee empowered to execute this report as required by Chapter 617, 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

CR2E034 (3/96)