SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036549 (2)

G.W.F., U.S.A. CORP.

FILED Sep 09 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		-{	AR 88100 INDIO 01186 01111 101010 1011 1001
3829 NE 25TH AVE 3829 NE 25TH AVE					
LIGHTHOUSE POINTE PL 33084		LIGHTHOUSE POINTE FL 33064			
				DO NOT WRITE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal D	lace of Business	On Mailing Address		05/20/1993 4. FEI Number	05/01/1996
21 129 1		2a. Mailing Address 26 129 NW 13 K	steet		Applied For
Suite, Apt.		Suite, Apt. #, etc,	Tucci	65-0413745	Not Applicable
22	ruite 30	27 Suil	£ 30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	امده معجما	City & State	0000	6. Election Campaign Financing	\$5.00 May Be
	SOLA RATON	28 BOCH	RATON	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24 N391	132 25 FLORIOR	29 <u>ろうい 5</u> 2 30	FLORIDA	Personal Property Tax due June 3	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MITTELET REDNARD 81 Name					
moreper, benitand					
3829 NE 25TH AVE				ess (P.O. Box Number is Not Acceptabl	e)
LIGHTHOUSE POINTE FL 33064					
			03		ŀ
j			84 City		85 Zip Code
44 5		1007 1500 5			FL 85 ZIP COOP
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MUTELET, BERNARD		1.2 NAME		
STREET ADORESS	3829 NE 25TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 3306	4	1.4 CITY-ST-ZIP	•	
TITLE	PD	DELETE	2.1 TITLE	7447-1814-4-	Change Addition
NAME	MUTELET, CHRISTINE		2.2 NAME		
STREET ADDRESS	3829 NE 24TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	•	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY - ST - ZIP		1
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	ı	1
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		1	6.3 STREET ADDRESS		f
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ţ
	by cartify that the information euoplied y	with this filing done not qualify (**************************************	in Section 110 07/3Vi) Florida Statutos	I further cortifu that the

4. 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 appears.