FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000036549 (2) **DOCUMENT**

G.W.F., U.S.A. CORP. Principal Place of Business Mailing Address 129 NW 13TH ST 129 NW 13TH ST SUITE 30 SUITE 30 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 05/20/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0413745 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name MUTELET, BERNARD 3829 NE 25TH AVE Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINTE FL 33064 85 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ■ Addition NAME MUTELET, BERNARD 1.2 NAME 3829 NE 25TH AVE 1.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINTE FL 33064 1.4 CiTY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition NAME MUTELET, CHRISTINE 2.2 NAME STREET ADDRESS 3829 NE 24TH AVE 2.3 STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Спапре Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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. **法武器的**1.14

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZWP

04/01/98

FILED

Apr 29 1998 8:00am

Secretary of State

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