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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074443 (1)

WAGOR INC.

Principal Place of Business Mailing Address

8001 S.W. 178TH TERRACE 8001 S.W. 178TH TERRACE
MIAMI FL 33157 MIAMI FL 33157-5925

FILED May 02 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 10/22/1993	3a. Date 05/1	e of La 0/19 (ort	
2. Principal I	Frace of Business	2a. Mailing Addres	is			4. FEI Number			Appli	ed For	
21		26	26			65-0448876			Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, et	ta.			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & Sta	ANC .	City & State	City & State			6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to					
Zip 24					,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No					
<u></u>	9. Name and Address of Cu		30			10. Name and Address of New Regi					
				81	Name						
HAMILTON, JOHN C								,		· · · · · · · · · · · · · · · · · · ·	
2900 MIDDLE STREET MIAMI FL 33131					Street Ad	ddress (P.O. Box Number is Not Acceptable)				
ML	AMI FL 33131			83							
				84	City		FL	85	Zip Co	de	
office or agent 1.	r registered agent, or both, in the 5 am familiar with, and accept the c	.0502 and 607.1508, Florida Itate of Florida. Such change Ibligations of, Section 607.05	Statutes, the was authori 505, Florida S	above zed by statute:	e-named co / the corpor s.	orporation submits this statement for the pur ration's board of directors. I hereby accept	pose of o the appo	changi intmen	ng its r it as re	egistered gistered	
SIGNATURE	Shiriat is a typod or pointed name of register	d agent and otte it applicable	(NOTE Regist	tered Age	ent signature rec	quired when reinstating)	DATE				
12.	OFFICERS	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	TORS	N 12	
TILE	P\$	DELE	.T€ 1,	1 TITLE				Cha	nge	Addition	
NAME	WAGOR, FRANK B		1.	2 NAME							
STREET ADDRESS	0004 OUL 470 TEOD		1		ADDRESS						
CITY ST-ZIP THUE	VPT	DELE		4 CITY-5 1 TITLE	1-211			Cha	000	Addition	
	WAGOR, STELLA L	L. DELL					•	,J Ulla	igo [Addition	
NAMi	AAAA AHA 45A TERR		7	2 NAME	1						
	2 BUU 571 1/0 ET/L										
STREET ADORESS	AJIARN PI				ADDRESS						
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I do hercely 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 efficier 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

4-26-87 Bate

Daytime Phone #