

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION.
ANNUAL REPORT
1996



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

DOCUMENT # P93000079294 (3)

1. Corporation Name

WALARCH, INC.

Principal Place of Business

Mailing Address

12539 SW 128 St.
Miami, FL 33186

12539 SW 128 St.
Miami, FL 33186

3. Date Incorporated or Qualified

11/17/93

3a. Date of Last Report

04/25/95

2. Principal Place of Business

2a. Mailing Address

21 12539 SW 128 St.

26 12539 SW 128 St.

4. FEI Number

65-0456374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

22 Suite, Apt. #, etc.
23 City & State
Miami, FL

27 Suite, Apt. #, etc.
28 City & State
Miami, FL

24 Zip 33186

25 Country USA

29 Zip 33186

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEPI, CLAUDIO
12539 SW 128 STREET
MIAMI, FL 33186

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NEPI, CLAUDIO
STREET ADDRESS 12539 SW 128 STREET
CITY-ST-ZIP MIAMI, FL 33186

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WALTHER, MICHAEL
STREET ADDRESS 12539 SW 128 STREET
CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME WALTHER, EMMA
STREET ADDRESS 12539 SW 128 STREET
CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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JR

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:

04-23-96

(305) 232-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)