FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001532531
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****200.00 ****200.00

DOCUMENT # P94000023024 (0)

1. Corporation Name
P.W.D., INC.

Principal Place of Business	Mailing Address
28 W. FLAGLER STREET SUITE 500 MIAMI FL 33176	28 W. FLAGLER STREET SUITE 500 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21 10295 Collins Ave.
22 Suite, Apt. #, etc.
23 Bal Harbour, FL
24 Zip
25 Country

2a. Mailing Address
26 10295 Collins Avenue
27 Suite, Apt. #, etc.
28 Bal Harbour, FL
29 Zip
30 Country

4. FEI Number: 65-0483796 ☐ 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 § 199.032 Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTANA, FRANCIS X
28 W. FLAGLER STREET
SUITE 500
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Alberto Szpilfeigel
82 Street Address (P.O. Box Number is Not Acceptable): 10295 Collins Avenue
83
84 City: Bal Harbour 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: _____ Alberto Szpilfeigel President / Director
Signature, typed or printed name of registered agent(s) and date (required) — Registered Agent signature required when changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition PD
NAME	SZPILFEIGEL, ALBERTO	12 NAME	SZPILFEIGEL,ALBERTO
STREET ADDRESS	10295 COLLINS AVE.	13 STREET ADDRESS	10295 collins ave.
CITY-ST-ZIP	BAL HARBOUR FL	14 CITY ST ZIP	BAL HARBOUR,FL
TITLE	SD	21 TITLE	☐ Change ☐ Addition SD
NAME	OCKELMAN, DIETER	22 NAME	SAUCEMAN,ROCIO
STREET ADDRESS	P.O. BOX 5523781	23 STREET ADDRESS	10295 Collins ave.
CITY-ST-ZIP	PANAMA, PANAMA	24 CITY ST ZIP	BAL HARBOUR,FL
TITLE	TD	31 TITLE	☐ Change ☐ Addition TD
NAME	KUPERVASER, ISAAC	32 NAME	KUPERVASER, ISAAC
STREET ADDRESS	LA VALLE 130	33 STREET ADDRESS	LA VALLE 130
CITY-ST-ZIP	BUENOS AIRES 1047, ARGENTINA	34 CITY ST ZIP	BUENOS AIRES 1047
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	Deposited By Bank

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)(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 the 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: _____ Alberto Szpilfeigel, Pres./Dir. (305) 5979368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0126505 CP