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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000026717 (6)**

1. Corporation Name  
**WINADAY CORPORATION**

Principal Place of Business <b>4410 N. STATE ROAD 7 SUITE 121 LAUDERDALE LAKES FL 33310 US</b>	Mailing Address <b>4410 NORTH STATE ROAD 7 SUITE 121 LAUDERDALE LAKES FL 33310-5873 US</b>
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2. Principal Place of Business 21 <b>10795 N.W. 53 STREET</b> Suite, Apt. #, etc. 22 <b>BAY #213</b> City & State 23 <b>SUNRISE, FLORIDA</b> Zip 24 <b>33351</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>10795 N.W. 53 STREET</b> Suite, Apt. #, etc. 27 <b>BAY #213</b> City & State 28 <b>SUNRISE, FLORIDA</b> Zip 29 <b>33351</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/07/1994</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>65-0480294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMPSON, DISNEY D 169 E. FLAGLER ST. SUITE 1527 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAZ, CARLOS D 4410 NORTH STATE ROAD 7 STE 121 LAUDERDALE LAKES FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10795 N.W. 53 STREET, BAY #213 SUNRISE, FLORIDA 33351 USA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DELPIANI, RICARDO E 4410 N STATE ROAD 7 STE 121 LAUDERDALE LAKES FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10795 N.W. 53 STREET, BAY #213 SUNRISE, FLORIDA 33351 USA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 in an attachment with my address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (954) 749-1101

Date Daytime Phone

0279062

CR2E034 (9/96)