## 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 #

P94000035676 (3)

Mailing Address

21110 BISCAYNE BLVD.

EWBS, INC.

Principal Place of Business

21110 BISCAYNE BLVD.

SUITE 400 SUITE 400 AVENTURA FL 33180 **AVENTURA FL 33180-1229** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1994 04/24/1996 2. Parcipal Face of Business 2a. Mailing Address 4. FEI Number Applied For 65-0497743 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Scote: Aut #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28  $Z_{\rm ID}$ Country Country 8. This corporation has tiability for intangible tax under s. 199.032 Yes 🔲 No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIENER, EDWARD L 21110 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 63 **AVENTURA FL 33180** 84 Zip Code City 85 11. Pursuent 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 registers agent, or both, in the Stre of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fan ifember with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE fragilitation in paration product received the larger translation of applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Add tion 1.1 1111.0 DOLE WIENER, EOWARD L NAMI 1.2 NAME 21110 BISCAYNE BLVD., SUITE 400 1.3 STREET ADDRESS STREE ASSISTANCE **AVENTURA FL 33180** 0(5) S1 ZIP 1.4 CITY - \$1 - ZIP DELETE Charige \_\_\_ Addition 2.1 TOLE TITLE SILVERMAN, BRADLEY MARK 2.2 NAME 21110 BISCAYNE BLVD., SUITE 400 2 3 STREET ADDRESS STREET ADDRESS of

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64 CHY-ST-ZIP 14. Let reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in a sated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an obtain or director of the condition or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Block 13 it is arriged, or on an additional statute of the condition of the conditional statutes.

SIGNATURE:

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Mar 25 1997 8:00am

Secretary of State