

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

DOCUMENT # P94000074602 (1)

1. Corporation Name

WATTNORTH IMPORT & EXPORT, INC.

Principal Place of Business

5150 N.W. 1 AVE.
FT. LAUDERDALE FL 33309

Mailing Address

5150 N.W. 1 AVE.
FT. LAUDERDALE FL 33309
P.O. Box 23536
33307 Fort LAUD. FL

APPROVED
AND
FILED
95 JUN 20 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 5208 NE 24TH

2a. Mailing Address

26 P.O. Box 23536

4. FEI Number

650520019

Applied For

Not Applicable

Suite, Apt. #, etc.

22 APT # F 325

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 FORT LAUDERDALE - FL

City & State

28 FORT LAUDERDALE - FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33308

Country

25 U.S.A

Zip

29 33307

Country

30 U.S.A

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGOSTINI, SOLANGE
5150 N.W. 1 AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 of person in perfect name of registered agent and the corporation)

(Signature of Registered Agent (Signature required when mandating))

(Date)

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
AGOSTINI, SOLANGE
STREET ADDRESS
5150 N.W. 1 AVE.
CITY, ST, ZIP
FT. LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 199.03(1)(b), 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:

AGOSTINI, SOLANGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1
DEPOSITED BY BANK

4/20/95

305 776 01 44