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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5206 NW 24TH TERR APT F-325
FT. LAUDERDALE FL 33308
US

Mailing Address

P.O. BOX 23536
FT. LAUDERDALE FL 33307-3536

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 4212 SEA GRAPE DR.

26 Suite, Apt. #, etc.

22 # 2

27 Suite, Apt. #, etc.

23 City & State

28 FORT LAUDERDALE - FL

24 Zip 33308

25 Country

29 Zip

30 Country

4. FEI Number

65-0520019

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 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 AGOSTINI, SOLANGE

82 Street Address (P.O. Box Number is Not Acceptable)

83 4212 SEA GRAPE DR. # 2

84 City FORT LAUDERDALE FL

85 Zip Code 33308

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME AGOSTINI, SOLANGE
1.3 STREET ADDRESS 4212 SEA GRAPE DR. # 2
1.4 CITY-ST-ZIP FORT LAUDERDALE - FL 33308

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0293248

CR2E034 (9/96)