FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000014443 (2)

1. Corporation Name
WANADI, INC.

Principal Place of Business
1991 N.W. 188 AVE.
PEMBROKE PINES FL 33029

Mailing Address
1991 N.W. 188 AVE.
PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified: 02/21/1995
3a. Date of Last Report: FIRST

2. Principal Place of Business
21
22 Suite, Apt. #, etc. 14951 SW 12 ST
23 City & State PEMBROKE PINES, FL
24 Zip 33027 25 Country USA.

2a. Mailing Address
26
27 Suite, Apt. #, etc. 14951 SW 12 ST
28 City & State PEMBROKE PINES, FL
29 Zip 33027 30 Country USA.

4. FEI Number: 65-0657604 ☐ 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

GALLARDO, JORGE
1991 N.W. 188 AVE.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: JORGE GALLARDO
82 Street Address (P.O. Box Number is Not Acceptable)
83 14951 SW 12 ST
84 City: PEMBROKE PINES FL 85 Zip Code 33027

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] PRESIDENT. 04/25/96
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	☐ DELETE
NAME	GALLARDO, JORGE	
STREET ADDRESS	1991 N.W. 188 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	☐ DELETE
NAME	GALLARDO, ELIZABETH	
STREET ADDRESS	1991 N.W. 188 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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.	☒ Change ☐ Addition
1.2 NAME	JORGE GALLARDO	
1.3 STREET ADDRESS	14951 SW 12 ST	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	V.P.	☒ Change ☐ Addition
2.2 NAME	ELIZABETH GALLARDO	
2.3 STREET ADDRESS	14951 SW 12 ST	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
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		

CR2E034 (12/95)

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)(k), 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] PRESIDENT 04/25/96 (954) 7049429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #