## 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 # **P95000031028** (0)

WHS INTERNATIONAL, INC.

## **FILED** May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					a soothoor and collect white parist biller		il deite ildei	1011 (00)
11266 S.W. 12TH STREET 11266 S.W. 12TH STREET PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025								
		1			3. Date Incorporated or Qualific 04/20/1995		of Last R	eport :
2. Principal	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	1		plied For
21		26		:	65-0576946		No	t Applicable
Suite, Apt	t. #, étc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		\$8.75 A	
22 City & Sta	ide	City & State			# Floation Compaign Financia			
23		28			6. Election Campaign Financing Trust Fund Contribution	, D	\$5.00 Added t	
<b>7</b> φ	Country	Zip	Cour	try :	8. This corporation has liability	for intangible ta		
24	25	29	30		Florida Statutes	☐ Yes ☐	No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Registered Ag	ent	
	ERILAWYER			Name	FETERULA	t.		
	ALMERIA AVE.		Ţ	Street Add	ress (P.O. Box Number is Not Acce	otable)	·	
CO	RAL GABLES FL 33134		-	1126	<u>6 5w /2 57</u>	sud!	<u> </u>	<u> </u>
			}'	73				
			Ī	City		, EI	85 Zip (	Code
<b>44</b> Direction	t to the provisions of Spetions 607	0602 and 607 1609. Florid	la Statutae, the ab	Overcond cor	m Broke Pine poration submits this statement for the	& FL	hanging l	e registered
office or	registered agent, or both, in the S	tate of Florida, Such chang	ge was puthorized	by the corpora	ition's board of directors. I hereby a	cept the appoi	ntment as	registered
agent. I		4	1) 4					
SIGNATURE	Silvature typed or printed name of registror	LOS Tanent and title if anothrable	(NOTE: Banas ed	Agent signature requ	ired when reinstaling)	DAYE		
12.		AND DIRECTORS	143.		ADDITIONS/CHANGES TO O		DIRECTOR	S IN 12
TIFLE	P	□ DE	LETE 1.1 TITI	.E			Change	Addition
NAME	URQUHART, STELLA G		1.2 NA	AE .				
STREET ADDRESS		_	1.3 STF	EET ADDRESS				
CITY ST ZIF	PEMBROKE PINES FL 3302			7-ST-ZIP				
TITLE	S/T	L_J DE	LETE 2.1 TITI	E		L	Change	Addition
NAME	FOTOPOULOS, THE	MTS	2.2 NAJ	Æ	·			
STREET ADORESS	11266 S.W.12TH		23 STF	eet address				
(MY-SI-ZIP   DOMODAKO NITHEC DI 33A3E				Y-ST-ZIP			7.6	The Market
TITLE	LENDROVE LINES	PER SOCKED		1		L.	_] Change	Addition
HAMF			3 2 NAI	1	i e			
STREET ADDRESS	:			EET ADDRESS				
CITY - \$1 - ZIP TITLE		□ DF		Y-ST-ZIP F	······································		Change	Addition
NAME		المان المان	4.2 NA			-	= 4.∞uña	amar i statistili
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	`			r-St-Zip				
Title		□ DE			***************************************	T.	Change	Addition
NAME		2"	5.2 NAI			•		
STREET ADORESS			•	EET ADDRESS				
CITY+S1-2IF				7 - ST - ZIP				
THE		□ DE			<u> </u>	T.	Change	Addition
SAME	1		6.2 NAI	į.			-	
"Street address	,		6.3 STF	EET ADDRESS				
City -\$1 - ZiP			6.4 CIT	Y-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 13 if changed, or on an attachment with an address.

otoPoulos Apr. 11-1997