

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 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 # P95000042169 (9)

1. Corporation Name
WABANO TRADING COMPANY



Principal Place of Business
7928 MIRAMAR PKWY
MIRAMAR FL 33023

Mailing Address
7928 MIRAMAR PKWY
MIRAMAR FL 33023-5853

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 02/02/1996
4. FEI Number 69-2187019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	ROSS, LOUISE	<input type="checkbox"/> DELETE
NAME		7928 MIRAMAR PKWY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			
TITLE	D	ROSS, CARL	<input type="checkbox"/> DELETE
NAME		7928 MIRAMAR PKWY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			
TITLE	D	ROSS, STEPHANE	<input type="checkbox"/> DELETE
NAME		7928 MIRAMAR PKWY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			
TITLE	D	ROSS, EDDY	<input type="checkbox"/> DELETE
NAME		7928 MIRAMAR PKWY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			
TITLE	D	ROSS, MICHAEL	<input type="checkbox"/> DELETE
NAME		7928 MIRAMAR PKWY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michel Ross* MICHEL ROSS 04.23.97 954-964-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)