

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/25/1995</b>	
21		26		4. FEI Number <b>58-2187919</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>MICHEL ROSS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7928 MIRAMAR PARKWAY</b>
83	
84 City	<b>MIRAMAR FL</b>
85 Zip Code	<b>33023</b>

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: **MICHEL ROSS** *Michel Ross* **04-19-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, LOUISE</b>	
STREET ADDRESS	<b>7928 MIRAMAR PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, CARL</b>	
STREET ADDRESS	<b>7928 MIRAMAR PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, STEPHANE</b>	
STREET ADDRESS	<b>7928 MIRAMAR PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, EDDY</b>	
STREET ADDRESS	<b>7928 MIRAMAR PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, MICHAEL</b>	
STREET ADDRESS	<b>7928 MIRAMAR PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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* **04-19-98 954-964-7127**

CR2E034 (10/97)