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 # P95000069855 (1)

1. Corporation Name
WERKS, INC.

Principal Place of Business
3389 SHERIDAN ST.. STE. 215
HOLLYWOOD FL 33021

Mailing Address
3389 SHERIDAN ST.. STE. 215
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21 10180 W Bay Harbor Dr.
Suite, Apt. #, etc.
22 Suite 2B
City & State
23 Bay Harbor Island, FL
24 Zip 33154
25 Country USA

2a. Mailing Address
26 10180 W Bay Harbor Dr.
Suite, Apt. #, etc.
27 Suite 2B
City & State
28 Bay Harbor Island, FL
29 Zip 33154
30 Country USA

4. FEI Number 65-0612780 ☐ 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
WERKSNIES, DIETER
3389 SHERIDAN ST., STE. 215
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10180 W Bay Harbor Dr. Suite 2B
83
84 City Bay Harbor Island FL 85 Zip Code 33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 name changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	WERKSNIES, DIETER
STREET ADDRESS	3389 SHERIDAN ST., STE. 215
CITY-ST-ZIP	HOLLYWOOD FL 33021
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D ☐ Change ☒ Addition
1.2 NAME	WERKSNIES, DIETER
1.3 STREET ADDRESS	10180 W Bay Harbor Dr. S-2B
1.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
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	

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***225.00

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 a 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: Dieter Werksnies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96
Date

(305)865-3929
Daytime Phone #

CR2E034 (12/95)