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Mar 07 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 # P96000057999 (0)

1. Corporation Name
WALL WAY U.S.A. OF FLORIDA, INC.



Principal Place of Business
221A W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
221A W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-5441

3. Date Incorporated or Qualified
07/10/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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

10. Name and Address of New Registered Agent

DIAGI, SCOTT
221A W HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T8 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T9 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T10 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/97

CR2E034 (9/96)