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 # P9600064121 (2)

WHAT'S UP AMERICA, INC.

Principal Place of Business

Mailing Address

FILED Aug 25 1997 8:00am Secretary of State



2121 PONCE DE LEON BLVD SUITE 430 CORAL GABLES FL 33134			SUITE	2121 PONCE DE LEON BLYD SUITE 430 CORAL GABLES FL 33134-5221										_	
								 Date Incorporated or Qua 07/29/1996 	ified	3a, Da	te of La	st Re	oort		
2. Principal	Place of Busi	ness	2a. Ma					4. FEI Number 52-1998199	3		F	+	lied For Applicable	7	
Suite, Ap	ot. #, etc.	Sui	Suite, Apt. #, etc.				5. Certificate of Status Desire	od	X	\$8.75 Additional Fee Required					
City & St	ate	Cit	City & State				6. Election Campaign Finance Trust Fund Contribution	ing		\$5.00 May Be Added to Fees					
Z(p 24		Country 25		Zip Coul				8. This corporation has liability for intangible tax under s. 199.0							
g. Name and Address of Current Registered Agent								10. Name and Address of Ne	w Re	gistered A	gent			1	
DE	FABIO, GEO	ORGE J				81	Name							1	
	21 PONCE I JITE 430					Street /	Address (P.O. Box Number is Not Acc	eptab	ole)				1		
	DRAL GABLE				83		-						1		
						84	City			FL	85	ip C	ode	-	
11. Pursuar office o agent. I	nt to the provis r registered ag am familiar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the obliga	2 and 607.1 of Florida. S ations of, Se	508, Florida Stat Such change wa ction 607.0505,	tutes, the a s authorize Florida Sta	ibove ed by itutes	e-named the corp	corporation submits this statement for poration's board of directors. I hereby	the p		changir ointment	ig ils as re	registered egistered	1	
SIGNATURE		·													
12.	Signature, typed	or printed name of registered age OFFICERS ANI				d Age	ni signature	required when reinstaling)	05510	DATE	DIDEO		10.146	ہے ا	
TITLE	D	OF TOLING AND	DINECTO	DELETE	13. 1.1 T	ITLE		ADDITIONS/CHANGES TO D	OFFIC		Chan		IN 12 ☐ Addition	⊣ફૅ	
NAME	1 -	, FRANCISCO				IAME		-				yo		15	
STREET ADDRESS		W MEXICO AVE NW			1		address	BATISTA, FERNANDO						8	
CITY-ST-ZIP		GTON DC 20016		. /		HTY-S		WASHING/ICH DC 20	$16^{\rm N}$	IW.				Š	
TITLE	D			DELETE	2.1 T		(-211	D		-	☐ Chan	ae .	Addition	45	
NAME		er, thomas		_	2.2 N			Markus Van Kempen							
STREET ADDRESS		AMMER STRASSE 8					ADDRESS	1404 304 Gt. Add	# 3					İ	
CITY-ST-ZIP		, GERMANY					IT-ZIP	Washington, O.C. 200	カラ						
TITLE	1			DELETE	3.1 T			10 4371.119 1011, 0.01 200			Chan		Addition	1	
NAME					3.2 N	AME	- 1	•				•			
STREET ADDRESS	s				3.3 \$	TREET	ADDRESS							l	
CITY-ST-ZIP					3.4. 0	CITY-S	T-ZIP								
TITLE				DELETE	4.1 T	ITLE				•	☐ Chan	ge	Addition	1	
NAME	-				4.21	NAME	1								
STREET ADDRESS	s				4.3 S	TREET	ADDRESS								
CITY-ST-ZIP					4.4 0	ITY-S	T-ZIP								
TITLE				☐ DELETE	5.1 T	ITLE					□ Chan	ge	■ Addition	7	
NAME					52 N	AME								Ì	
STREET ADDRESS	;				538	TREET	address								
CITY-ST-ZIP					540	(TY-S	- Z IP								
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NAME					6.2 N	AME									
STREET ADDRESS	3				6.3 S	TREET	address								
CITY-ST-ZIP	1		1 11 1	 	6.4 C	∤TY-\$1	r-ZIP								

14. Ido 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.

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