2001	UNIFORM BUSI	FILI	E D							
DOCUMENT # P9600072488 1. Entity Name WGA MANUFACTURING CORPORATION						Apr 30, 2001 08:00 AM Secretary of State				
Principal Plac		Mailing Address								
MIAMI 33166	FL	MIAMI 33166		FL						
2. Principal P	lace of Business REET	3. Mailing Address 7808 NW 62 STREET								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	FL FL	City & State MIAMI		FL		FEI Number 55-0706290		_ _	plied For	Ì
Zip 33166	Country us	Zip 33166	Coun	try	5	. Certificate of Status Desire	d 🛚	\$8.75 Add	litional	
	6. Name and Address of Current R	egistered Agent		·	7.	Name and Address of Nev	v Registered		<u> </u>	+
POLINI FRANCESCO 7760 NW 62 STREET				Name BUECHE Street Ac 1250 AL	ELE N	IARK EESQ Box Number is Not Accepta			· · · · · · · · · · · · · · · · · · ·	
MIAMI	FI	,		SUITE 20	08					
33166	US			City MIAMI F	REACH	-	FL	Zip Code	9	
8. The above	named entity submits_this statement for	the purpose of changing its r	egistere			agent, or both, in the State of		33139		1
SIGNATURE _	MARK E. BUECHELF Signature, typed or printed name of registered agent ar		Registered	d Agent signatu	ure required when	n reinstating)	- 04/30 DATE	/2001	<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X FILE NOW!!! After MAY 1, 2001 Make Check Payable				will be \$5	50.00	10. Election Campaign Trust Fund Contribu			0 May Be to Fees	
11.	OFFICERS AND D		12.			ADDITIONS/CHANGES TO C	FFICERS AND		3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST URIBE GILBERTO 407 NW 128 AVE MIAMI	☐ Delete		E et address	ST URIBE 407 NW 1 MIAMI	TERESA 28 AVE	זים	M Change	☐ Addition	34 (11/00)
TITLE	P	□ Delete	TITLE	- ST-ZIP	P	**************************************	FL ·	33182 Change		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP	POLINI FRANCESCO 7808 NW 62ND STREET MIAMI	FL 33162	NAME STRE		URIBE 407 N.W. MIAMI	GILBERTO C 128 AVE.	FL	33182	☐ Addition	15
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADORESS -ST-ZIP				☐ Change	Addition	
of the cor	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporation or the receiver or trustee emporation or on an attachment with an address, w	rue and accurate and that my vered to execute this report a	u einnat	TIFO COOL D	aua tha com	a least offers on it made and	ما خصطة بطفحت م	non on officer	ar director	
SIGNAT		NTED NAME OF SIGNING OFFICER O	R DIRECT	OR		P 04/30/2001 Date	<u>, , , , , , , , , , , , , , , , , , , </u>	Jaytıme Phone #		
						Date	-	-/		1