FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S96808** **(8)**

1. Corporation Name
WAL SOUTH, INC.

Principal Place of Business	Mailing Address
4815 NW 79 AVE. #4 MIAMI FL 33166	4815 NW 79 AVE. #4 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 4995 NW 79 AVE.	26 4995 NW 79 AVE.
Suite, Apt. etc. 22 105	Suite, Apt. etc. 27 105
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166 / Country 25	Zip 29 33166 / Country 30

4. FEI Number: **65-0301356** ☐ 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 § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASTE, WENCESLAO 2450 NE 135 ST APT 312 N MIAMI FL 33181	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE		☐ Change ☐ Addition
NAME	SCARLATA, PAOLO	12 NAME		
STREET ADDRESS	VIA DELL'IDRAULICO 4	13 STREET ADDRESS		
CITY-ST-ZIP	BOLOGNA, ITALY	14 CITY-ST-ZIP		
TITLE	DT	21 TITLE		☐ Change ☐ Addition
NAME	SCARLATA, PATRICK	22 NAME		
STREET ADDRESS	VIA DELL'IDRAULICO 4	23 STREET ADDRESS		
CITY-ST-ZIP	BOLOGNA, ITALY	24 CITY-ST-ZIP		
TITLE	DPS	31 TITLE		☑ Change ☐ Addition
NAME	INNOCENZI, ANGELO	32 NAME		
STREET ADDRESS	4815 NW 79 AVE #4	33 STREET ADDRESS	4995 NW 79 AVE., SUITE 105	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ ANGELO INNOCENZI 04/19/95 (305) 597 9174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182006 CP