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 # V44976

(1)

WONO CANADA, INC.

Principal Place of Business Mailing Address

FILED May 06 1997 8:00am Secretary of State

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7500 CENTRAL TAMPA FL 3363	PARK CIRCLE 7	7500 CENTRAL PARK CIRCLE Tampa FL 33637-5775			•		
					3. Date Incorporated or Qualified 06/19/1992	3a. Date of 05/01/1	Last Report
2. Principal Pl	ace of Businoss	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Ant		26			59-3129281	_	Not Applicabl
OUILO, MUL. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8	3.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
	9	City & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zιp	Count	ry	8. This corporation has liability for i		
24	25	29	30			Yos No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agen	<u>.t.</u>
LANG	BELIER, MAURICE		8	1 Name			
	CENTRAL PARK CIRCLE		8	2 Street Ade	iress (P.O. Box Number is Not Acceptab	Ja)	
	PA FL 33637		"	Z SUCCIAUC	aresa (1.0. box raumber la not Acceptab	,	
LEMAIL	A12 00001		8	3			
							7-2-2
			8	4 City		FL 85	Zip Code
11 Pursuant t	to the provisions of Sections 607 0500	and 607 1508. Florida Statut	es the abo	L	rporation submits this statement for the n		naina its reaistere
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized I	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	ot the appointn	nent as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Statut	es.			
SIGNATURE	Signature, typed or printed name of registered ager	And to the production (A)(A)	C. Donietarod A	ment of a state of the	rred when reinstating)	JAIL	
12.	OFFICERS AND		13.	dini sangana redi	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.07(3)(f), Frontial statutes. If the territy was the information indicated on this ampital report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter in a state 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 chapter in a state of the corporation of the corp

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