

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V52581** (8)
1. Corporation Name
W-8, INC.

Principal Place of Business 13899 BISCAYNE BOULEVARD NORTH MIAMI FL 33181 US	Mailing Address 13899 BISCAYNE BOULEVARD NORTH MIAMI FL 33181-1800 US
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2. Principal Place of Business 21 13899 BISCAYNE BLVD State Apt. #, etc. 22 125 City & State 23 MIAMI - FLA Zip 24 33181		2a. Mailing Address 26 13899 BISCAYNE BLVD State Apt. #, etc. 27 125 City & State 28 MIAMI FLA Zip 29 33181 Country 30 U.S.A		3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 05/28/1996
				4. FEI Number 22-3208072	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZIEGLER, S. HARVEY ZIEGLER & GINSBURG, P.A. 370 MINORCA AVENUE, SUITE 21 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name HARVEY ZIEGLER 82 Street Address (P.O. Box Number is Not Acceptable) 370 MINORCA AVE SUITE 21 83 84 City CORAL GABLES FL 85 Zip Code 33134	
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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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WINARICK, JULES	1.2 NAME	
STREET ADDRESS	1000 QUAYSIDE TERRACE #32	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33138	1.4 CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WINARICK, JODY	2.2 NAME	NO LONGER OFFICER
STREET ADDRESS	1000 QUAYSIDE TERRACE #32	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33138	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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: Jules Winarick JULES WINARICK - 305-891-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone